

REPORT  
ON THE  
**HEALTH**  
OF THE  
BOROUGH OF ASTON MANOR

DURING THE YEAR ENDING DECEMBER 31st, 1908,

BY

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AND

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Fellow of the Incorporated Society of Medical Officers of Health.



# BOROUGH OF ASTON MANOR.

## Health Committee:

ALDERMAN ALFRED TAYLOR, J.P., C.A., *Mayor.*

COUNCILLOR ISAAC SHAW, J.P., *Chairman.*

COUNCILLOR JAS. EVANS, J.P. C.C., *Chairman of Hospital Committee.*

ALDERMAN H. H. CARRAD, J.P.

COUNCILLOR R. HOLLICK, C.C.

ALDERMAN J. J. GITTINGS, J.P.

COUNCILLOR J. C. TILLOTSON.

COUNCILLOR A. HARRIS, J.P.

COUNCILLOR W. H. TOWLE.

## Sanitary Officials:

<i>Inspector of Nuisances</i>	-	-	-	A. O. PURNELL, Cert. R. San. Inst.
<i>First Assistant</i>	-	-	-	SYDNEY HEATH.
<i>Second Assistant</i>	-	-	-	E. R. ARNOLD, Cert. R. San. Inst.
<i>Clerk</i>	-	-	-	F. J. BUNN.
<i>Lady Health Visitor</i>	-	-	-	Miss K. WALTON. Cert. R. San. Inst
<i>Superintendent of Interception Department</i>	-	-	-	A. TREADAWAY.
<i>Matron of Isolation Hospitals</i>	-	-	-	Miss E. BLACK
<i>Medical Officer of Health and Superintendent of the Borough Isolation Hospitals</i>	-	-	-	FRANCIS H. MAY, D.P.H., L.R.C.P. Lond., M.R.C.S. Eng.

<i>Town Clerk and Solicitor</i>	-	-	-	JOSEPH ANSELL, J.P.
<i>Deputy Town Clerk</i>	-	-	-	WILLIAM THOMPSON.
<i>Borough Surveyor</i>	-	-	-	F. W. RICHARDSON.
<i>Borough Treasurer</i>	-	-	-	ALFRED EVANS.
<i>School Medical Officer</i>	-	-	-	CATHERINE FRASER, M.B. Edin., D.P.H. Camb.
<i>Electrical Engineer</i>	-	-	-	ROBERT FOSTER.
<i>Secretary of Education Committee</i>	-	-	-	H. NORWOOD.
<i>Librarian</i>	-	-	-	ROBERT K. DENT

By the order of the Local Government Board, dated March, 23, 1891, Article 18, Section 14, it is prescribed that the Medical Officer of Health shall “ prepare an Annual Report, to be made to the end of “ December in each year, comprising a summary of “ the action taken during the year for preventing the “ spread of disease, and an account of the sanitary “ state of his district generally at the end of the “ year. The report shall also contain an account of “ the inquiries which he has made as to conditions “ injurious to health existing in his district, and of “ the proceedings in which he has taken part or advised under the Public Health Act, 1875, so far as “ such proceedings relate to those conditions; and “ also an account of the supervision exercised by “ him, or on his advice, for sanitary purposes over “ places and houses that the Sanitary Authorities “ have power to regulate, with the nature and results of any proceedings which may have been so “ required and taken in respect of the same during “ the year. The report shall also record the action “ taken by him, or on his advice, during the year, “ in regard to offensive trades, to dairies, cowsheds, “ and milkshops, and factories and workshops. The “ report shall also contain tabular statements (on “ forms to be supplied by the Local Government “ Board, or to the like effect) of the sickness and “ mortality within the district, classified according “ to diseases, ages, and localities.”

By the Instructions of the Local Government Board, “ the Medical Officer of Health must himself send a “ copy of the Annual Report to the Local Government Board, and one to the County Council.”

By the Factory and Workshop Act of 1901, “ the Medical “ Officer is now required to specifically report on the “ administration of that Act in workshops and workplaces in his district, and to send a copy of the “ report to the Secretary of State.”



## Summary of Vital Statistics for 1908.

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Area of Borough...	...	...	...	...	943 acres
Population (Census 1901)	...	...	...	...	77,316
Population (Estimated to middle of 1908)					84,256
Density (persons per acre), calculated on estimated population to middle of 1908					89·3
Inhabited Houses (Census 1901)	...	...	...	...	16,129
Births	...	...	...	...	2,198
Birth-rate	...	...	...	...	26·0
Deaths	...	...	...	...	1,138
Death-rate	...	...	...	...	13·5
Zymotic Death-rate	...	...	...	...	1·9
Infantile Mortality-rate per 1,000 births					125



# BOROUGH OF ASTON MANOR.

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OFFICE OF THE MEDICAL OFFICER OF HEALTH,  
COUNCIL HOUSE,

ASTON MANOR,

March, 1909.

*To His Worship the Mayor, the Aldermen and  
Councillors of the Borough.*

MR. MAYOR AND GENTLEMEN,

I have the honour of presenting to you my Eleventh Annual Report on the Health and Vital Statistics of the Borough of Aston Manor for the year ending December 31st, 1908, in accordance with the requirements of the Local Government Board. The Report of the Lady Health Visitor for that period has again been included.

The health of Aston Manor during the year now under review has been even more satisfactory than that of the previous one, and the Vital Statistics appertaining to the Borough compare very favourably with the average of the previous ten years and with those of other large towns. Taking into consideration that the density of the population of the Borough is 89·3 per acre, it is satisfactory to be able to report that the general death rate was as low as 13·5 per 1,000 of the population, being 0·3 lower than in 1907, and 1·7 lower than the average of the ten previous years.

The birth rate for the Borough for the year ending 1908 was the lowest but one on record, viz.: 26·0, being slightly higher than that of 1907, which was the lowest on record.

One of the most satisfactory features which characterised the sanitary history of the Borough during 1908 was the continued and marked decrease of typhoid fever. Scarlet fever, although endemic, did not increase its hold on the district, but was of a more severe type than usual. Measles was epidemic in the early part of the year, necessitating the closure of three Infant Departments of Schools, but it was of a mild type, causing only two deaths. Diphtheria, which was prevalent during the preceding two years in the Borough and country generally, slightly diminished. Whooping cough, concerning which I reported in my Annual Report for 1907 that it had assumed an epidemic prevalence during the last quarter of the year, continued its prevalence during the first half of 1908, and was very fatal, but steadily declined during the latter half of the year. Epidemic Infantile Diarrhoea showed some increase over the preceding year, which was the lowest but one on record. No case of Small-pox occurred or was imported into the town.

Recent legislation, especially the Notification of Births Act and the Education (Administrative Provisions) Act, making compulsory the medical inspection of school children, has increased considerably the responsibilities of the Council, and has added to this Department many new and important duties.

#### **Site, Sub-Soil, and Drainage of Aston Manor.**

I am indebted to your Surveyor, Mr. F. W. Richardson, for the following paragraph on the physical features and character of the Borough :—

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**Area,  
Births, Deaths, and  
Population.**

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" Aston Manor is eminently fitted by nature for  
 " the bearing of a large and dense population. Its  
 " porous sub-soil of sharp sand and fine gravel assists  
 " in the rapid removal of all surplus water, while the  
 " contour of the district renders the provision of  
 " short sewers with good gradients an easy matter.  
 " The town is situated on two sides of a long ridge,  
 " along the top of which we find Victoria Road and  
 " Lozells Road. These two sides form ideal drainage  
 " areas, which slope on the South to the stream  
 " known as Hockley Brook, and on the North to the  
 " River Tame. Along the valleys of the Tame and  
 " Hockley Brook large brick sewers were laid down,  
 " which receive the sewage from all the subsidiary  
 " sewers in the various streets. These two brick  
 " sewers meet in Lichfield Road at the corner of  
 " Aston Lane, and from that point a main sewer,  
 " five feet wide inside, runs down the Lichfield Road  
 " as far as Salford Bridge, where it passes under the  
 " canal, and away to the Sewage Farm. The lowest  
 " point in the Borough is near Salford Bridge, and  
 " the highest at Villa Cross, while the average eleva-  
 " tion above sea level is about 370 feet."

#### **Area and Population.**

Acres.	Estimated Population.
943 acres	84,256

The estimate of the population of the Borough of  
 Aston Manor by the Registrar General to the middle of  
 1908 was 84,256, and, as the Borough has an area of only  
 943 acres, the density of its population on this estimate is  
 89.3 per acre. The enumerated population at the 1901  
 Census was 77,316, of whom 37,009 were males and



40,307 females. The number of inhabited houses was 16,129, and the average number of persons per house was 4·8.

I have more than once previously remarked that the Registrar General's method of calculating the population of towns in intercensal years, on the assumption that the rate of annual increase will be the same as that which obtained between the two last Census years, is not now applicable to this Borough, owing to its being for the past few years practically built up.

It is difficult seven years after the Census to estimate the population of a Borough like Aston Manor, considering the few new houses erected, the increased number of unoccupied houses, and the fact that the area of the town is now almost entirely built upon, together with other local circumstances, and a larger margin of error is annually introduced as each year removes us farther away from the last Census enumeration.

The following table gives the number of houses and the population for the district at the last six census enumerations :—

Year.	Total Houses.	Houses Void.	Houses Building.	Inhabited Houses.	No. of Persons per Inhabited House.	Population.	Density.
1851	1,437	105	23	1,309	4·9	6,426	6·8
1861	3,562	173	45	3,344	4·9	16,337	17·3
1871	7,662	651	83	6,928	4·9	33,948	36·0
1881	11,830	1,158	98	10,583	5·1	53,842	56·1
1891	14,639	653	147	13,889	4·9	68,639	72·7
1901	16,776	616	31	16,129	4·8	77,316	82·0

Owing to the courtesy of the Secretary of the Education Committee (Mr. Norwood), I have been able to obtain the annual enumeration of the houses in Aston Manor, which gives the number of houses inhabited, non-inhabited, and building, also a separate enumeration of these for each of the six municipal wards. This enables me to calculate what, in my opinion, is a fairly accurate estimation of the population of Aston Manor for 1908.

Enumerations of the houses by the Education Committee for the three years 1906-8 :—

Year.	HOUSES.				
	Inhabited.	Uninhabited		Building.	Total Number of Dwelling Houses.
		In Occupation.	Not in Occupation.		
1906	16,460	192	527	5	17,186
1907	16,133	251	812	1	17,197
1908	16,057	212	931	—	17,200

As the building of no new houses is recorded in the table, and over a hundred more than last year are unoccupied, also having regard to the effect of stress and bad trade in causing two families or more to join in housekeeping and the letting of rooms to lodgers, as well as to other special local circumstances, I consider the average of the 1901 Census of 4·8 persons per occupied house is now too low, and that 4·9 persons, which was the average of the 1891 Census, would be more correct. Upon this basis my estimate of the population is 79,718, as compared with the Registrar General's estimate of 84,256, showing a

difference of 4,538 persons. In round figures this mode of estimating the population at the middle of 1908 would give 80,000 persons, and the annual birth-rate for 1908 would be increased to 27·4, and the annual death-rate to 14·2. Nevertheless, in order to conform to the Local Government Board's official tables and for the sake of comparison with those of the Registrar General, it will be necessary to continue to calculate the rates in this Report on his estimate, until such time as the next Census enables him to revise it.

I have revised the tables given in my last Annual Report on this basis, and estimated approximately the population for each of the six municipal wards.

BOROUGH OF ASTON MANOR EDUCATION COMMITTEE  
ENUMERATION, 1908.

SUMMARY OF HOUSES IN WARDS, AND POPULATION OF WARDS.

Ward.	Houses Occupied.	Uninhabited Houses.		Houses Build- ing.	Total Houses	Estimated Population at 4·9 per Occupied House and in Occupation.
		In Occupation.	Not in Occupation.			
Villa ...	2,500	24	110	—	2,634	12,367
Lozells ...	3,054	69	151	—	3,274	15,303
Six Ways	2,225	17	132	—	2,374	10,986
Brook ...	3,130	43	119	—	3,292	15,548
Reservoir	2,191	32	185	—	2,408	10,893
Park ...	2,957	27	234	—	3,218	14,621
TOTAL ...	16,057	212	931	—	17,200	79,718



CHART SHOWING THE ANNUAL BIRTH RATE OF ASTON MANOR FOR THE PAST 36 YEARS (1873-1908).





**Births.**

Number of Births ... ..	2,198
Average number of Births for previous 10 years ... ..	2,344
Average Birth-rate for previous 10 years	29·7
Birth-rate of Aston Manor per 1,000 ...	26·0
England and Wales ... ..	26·5
76 Great Towns ... ..	27·0
142 Smaller Towns ... ..	26·0
England and Wales, less the 218 Towns	26·2

The total number of births registered in the Borough in 1908 was 2,198, as compared with 2,128 in 1907. Of these 1,112 were boys and 1,086 were girls. This represents a birth-rate of 26·0 per 1,000, as compared with 25·5 per 1,000 in 1907, and 27·6 in 1906. I have extracted from the 70th Annual Report of the Registrar General of the Births, Deaths, and Marriages in England and Wales the following figures, showing the great decline in the birth-rate of England and Wales during the last thirty years, calculated upon the female population of the country of child-bearing age, viz., between 15 and 45 years of age :—

ENGLAND AND WALES.—BIRTH-RATE PER 1,000 CALCULATED  
ON THE FEMALE POPULATION, AGED 15 TO 45 YEARS.

Years.	Years.	Years.	Years.	Years.	Years.	Year.	Year.
1876-80	1881-85	1886-90	1891-95	1896-00	1901-05	1906	1907
153·3	144·3	133·4	126·8	118·8	112·5	108·3	105·1

The following paragraph extracted from the same Report is also interesting, and explains, to my mind, some of the causes of the steady fall in the birth-rate of Aston Manor :—

“ As the birth registers do not afford information respecting the ages of the mothers there are no means of ascertaining the fertility of women at the several ages comprised in the child-bearing period; there are, however, sufficient grounds for stating that during the past 30 years approximately 14 per cent. of the decline in the birth-rate (based on the proportion of births to the female population aged 15-45 years) is due to the decrease in the proportion of married women in the female population of conceptive ages, and that over 7 per cent. is due to the decrease of illegitimacy. With regard to the remaining 79 per cent. of the decrease, although some of the reduced fertility may be ascribed to changes in the age constitution of married women, there can be little doubt that much of it is due to deliberate restriction of child-bearing.”

How much the decrease in the birth-rate of Aston Manor had altered the age distribution of its population at the Census of 1901 is shown by the following table :—

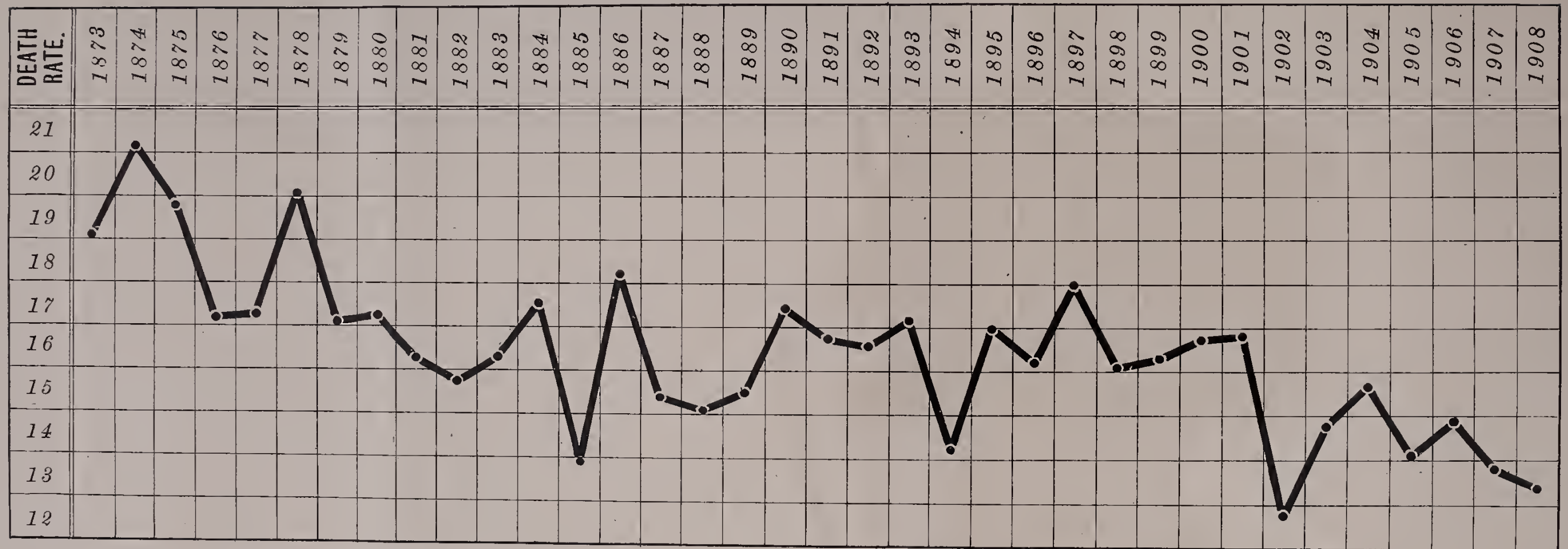
NUMBER OF PERSONS PER 1,000 OF THE POPULATION  
OF ASTON MANOR AT TEN DIFFERENT AGE PERIODS AT THE  
LAST THREE CENSUSES, 1881, 1891, 1901.

Year.	Under 5 Years.	5-10 Years.	10-15 Years	15-20 Years.	20-25 Years	25-35 Years.	35-45 Years.	45-55 Years	55-65 Years.	65 and Upwards.
1881	157	131	110	101	90	156	113	74	42	26
1891	127	123	119	107	97	162	113	78	46	28
1901	120	106	102	106	109	174	120	83	50	30





CHART SHOWING THE ANNUAL DEATH RATE OF ASTON MANOR FOR THE PAST 36 YEARS (1873-1908).



In the above Chart the death-rates since 1900 are calculated on the deaths of all persons *belonging to* Aston Manor, whether occurring in the Borough or in Institutions outside. Previous to this, only the death-rates of those registered in the Borough were calculated.

**Deaths.**

Number	...	...	...	...	1,138
Average Death-Rate for previous 10 years	...	...	...	...	15·2
Rate per 1,000, Aston Manor	...	...	...	...	13·5
, , England and Wales	...	...	...	...	14·7
, , 76 Large Towns	...	...	...	...	15·8
, , 142 Smaller Towns	...	...	...	...	14·7
, , England and Wales (less the 218 towns)	...	...	...	...	13·8

The number of deaths *registered within* the Borough of Aston Manor from all causes during 1908 was 930, as compared with 935 during the previous year. The deaths of males numbered 470, and 460 of females. The total number of deaths belonging to Aston Manor is obtained by adding to the 930 deaths *registered within* the Borough the deaths of all persons belonging to the Borough who died outside the boundary, chiefly in public institutions. As Aston Manor has no institution within its boundary, there are consequently no deaths of persons not belonging to the town to be deducted. The number of deaths to be added which occurred outside the Borough during the past year was 208, and were distributed as follows :—

General Hospital, Birmingham	...	...	...	60
Children's , ,	...	...	...	8
Queen's , ,	...	...	...	3
Ear and Throat Hospital, Birmingham	..	...	...	1
City Asylums, ,	...	...	...	1
Workhouse Infirmary, ,	...	...	...	—
, , Erdington	...	...	...	98
Maternity Hospital, Birmingham	...	...	...	1
County Asylum, Hatton	...	...	...	20
Aston Manor Scarlet Fever Hospital, Perry Barr	...	...	...	10
Other places	...	...	...	6
				<hr/> 208 <hr/>

The total of deaths for the Borough during 1908 among people residing in and belonging to Aston Manor was therefore 1,138, as compared with 1,153 in 1907. All these deaths have been carefully classified under different age periods of life and according to the diseases from which they were caused, which classification will be found in tabular form appended to this Report on pages 124-126.

The general death-rate for Aston Manor for the year 1908 was 13·5 per 1,000 of the population, as compared with 13·8 per 1,000 in the preceding year, and 14·9 per 1,000 in 1906.

The general death-rate shows substantial improvement in recent years, and during 1908 was the lowest on record with one exception, viz., 12·9 in 1902, and, considering that the density of the population of the Borough is 89·3 per acre, this rate, 13·5 per 1,000 of the population, was remarkably low.

The average death-rate of the Borough for the previous ten years was 15·2. The general death-rate for England and Wales for 1908 was 14·7, that of the 76 great towns 15·8, and the 142 smaller towns 14·7. This reduction in the general death-rate of the Borough has been principally brought about by the greatly lessened mortality from diarrhœa during the past two years.

The proportion which the mortality at various ages bears to the total number of deaths during 1907 and 1908 is as follows :—

	1907.	1908.
Under 1 year	23·2 per cent.	25·4 per cent.
1 to 5 years	13·4    "	12·2    "
5 to 15   "	3·8    "	4·2    "
15 to 25   "	3·3    "	3·7    "
25 to 45   "	13·8   "	12·2   "
45 to 65   "	23·0   "	20·7   "
65 years and upwards	19·5   "	21·6   "

SEVEN PRINCIPAL ZYMOTIC DISEASES (1899-1908).

	1899.		1900.		1901.		1902.		1903.		1904.		1905.		1906.		1907.		1908.		TOTALS.	
	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.	Cases Notified.	Deaths Registered.
Smallpox	—	—	1	—	7	—	31	1	3	—	1	—	1	—	—	—	—	—	—	—	44	1
Measles..	—	11	—	29	—	24	—	25	—	16	—	30	—	28	—	39	—	2	—	—	—	236
Scarlet Fever	128	2	406	3	309	15	361	18	383	19	175	7	164	6	324	7	345	4	261	12	2,856	93
Diphtheria	78	19	86	14	60	9	62	7	52	7	48	6	62	10	107	22	101	22	78	12	734	128
(Membranous Group)																						
Typhoid Fever...	185	32	145	25	114	12	76	15	77	9	50	10	35	7	47	9	41	12	15	2	784	133
Whooping Cough	—	31	—	36	—	28	—	47	—	21	—	56	—	27	—	34	—	20	—	52	—	352
Diarrhoea	—	227	—	168	—	155	—	41	—	105	—	141	—	88	—	139	—	36	—	81	—	1,181
Totals	391	322	637	278	484	248	506	152	543	187	276	236	262	168	479	239	487	133	354	161	4,419	2,214



**Zymotic Diseases.**

	1908.	Average of previous 10 years.
Number of Deaths in Aston Manor ...	161	237
Zymotic death-rate, Aston Manor ...	1·9	2·7
Zymotic death-rate, England and Wales	1·29	
Zymotic death-rate, 76 large towns ...	1·59	
Zymotic death-rate, 142 smaller towns...	1·26	
Zymotic death-rate, England and Wales (less the 218 towns) ...	0·99	

During the past year 161 deaths occurred in the Borough from the class of specific febrile or epidemic disease designated as the seven principal Zymotic Diseases, under which heading are included Small-pox, Scarlet Fever, Measles, Whooping Cough, Diarrhœa, Diphtheria, Fever (including Typhus, Simple Continued, and Enteric).

The zymotic death-rate is calculated on the number of deaths per thousand of the population from these seven diseases, and was equivalent during 1908 to 1·9 per 1,000 as compared with 1·6 for 1907, and 2·9 for 1906. The average zymotic death-rate for Aston Manor for the previous ten years was 2·7.

The following table is included for comparison :—

	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
Zymotic Deaths, Aston Manor ...	322	278	248	152	187	236	168	239	133	161
Zymotic Death Rate, Aston Manor ...	4·3	3·6	3·2	1·9	2·3	2·9	2·0	2·9	1·6	1·9
Zymotic Death Rate, England and Wales ...	2·21	2·00	2·05	1·64	1·46	1·94	1·94	1·73	1·26	1·29

The zymotic death-rate of a town is not only influenced by the presence of epidemics of any one of this group of diseases, but by the severity of their type, for, during 1908, although the number of cases of Scarlet Fever were fewer than in 1907, owing to the increased severity of the type of this epidemic the number of deaths were in excess. This was somewhat equalised by the diminished prevalence and milder type of Typhoid Fever. The slight increase in the zymotic death-rate was due in the main to the number of fatal cases attributable to a malignant type of epidemic Whooping Cough, which prevailed during the first quarter of the year and to the usual annual epidemicity of summer diarrhoea. It will be seen, therefore, that this rate is very variable, and cannot always be regarded as an index to the health of a town.

### Infantile Mortality.

Total deaths of Infants under one year, 289.

				1908.	Average for previous 10 years.
Aston Manor Infantile death-rate					
per 1,000 births	...	...	...	125	163
England and Wales	...	...	...	121	
76 large towns	...	...	...	128	
142 smaller towns	...	...	...	124	
England and Wales, less	218				
towns	...	...	...	110	

The Infantile Mortality of Aston Manor for 1908 was the lowest but one on record, 289 deaths of infants being registered under one year of age. Of these deaths, 275



were registered within the Borough, and to this number 14 more deaths of infants under one year of age have to be added, who, belonging to the town, died in institutions outside.

The Infantile Mortality rate calculated on the deaths of infants *registered within* the Borough was 125 per 1,000 births. If the 14 deaths of infants under 12 months registered outside be added, the infantile mortality rate per 1,000 births would be 131. The infantile rate as taken by the Local Government Board in Table I. for statistical purposes is that calculated on the deaths and births *registered within* the Borough. This is slightly less than the actual infantile death-rate calculated on all the deaths of infants under 12 months occurring in and out of the Borough, as shown in Local Government Board Table V., introduced four years ago.

It will be seen that the Infantile Mortality rate of 125 for 1908 is much below the average of the previous ten years, which was 163, and only slightly in excess of that of 1907, when the lowest infantile mortality rate for the Borough was 122. That there is a marked tendency shown towards this rate declining in the Borough of late years is seen in the table following. Nevertheless, it is deplorable to think that out of every 1,000 babies born in the Borough, 125 failed to live twelve months.

				Lirth Rate.	*Death Rate.	Infantile Death Rate.	Zymotic Death Rate.
Average of decade, 1872-1881...				42.1	18.4	146	4.0
„ „ 1882-1891...				34.1	16.1	145	2.7
„ „ 1892-1901...				33.2	16.4	177	3.5
Year 1902	...	...	...	29.4	12.3	129	1.9
„ 1903	...	...	...	28.7	12.9	159	2.3
„ 1904	...	...	...	29.1	14.1	183	2.9
„ 1905	...	...	...	26.1	12.1	144	2.0
„ 1906	...	...	...	27.6	12.8	156	2.9
„ 1907	...	...	...	25.5	11.2	122	1.6
„ 1908	...	...	...	26.0	11.0	125	1.9
For England and Wales, 1908				26.5	14.7	121	1.29

\* Rate calculated on deaths *registered* in the Borough only.

The attendant conditions which account for a high infantile mortality rate vary widely in different towns and localities. The Borough of Aston Manor is mainly inhabited by people of the poorer or artisan classes living in small and back-to-back houses in a thickly populated area, and this contributes a higher infantile mortality than in those less densely populated towns which are more affluent and residential in character. One condition favourable to Aston Manor is, however, the very low proportion of married women who before or after child-birth work in factories.

One of the principal diseases which contribute to high infantile mortality rates in towns is Epidemic Summer Diarrhœa, but during the year under review the deaths from diarrhœal diseases in the Borough, although in excess of 1907, were very much less than the average of the previous ten years; in fact, the number of deaths registered during 1908 was the lowest but two on record. The causes of this are referred to specially, under the heading of Epidemic Diarrhœa.

To the improved sanitary state of the Borough, it having practically become a watercloset town, is this to some extent attributable. It is from the study of the avoidable and unavoidable causes of infantile mortality in each town that the remedies are sought, and when found, every possible effort should be made to apply them, in order to preserve our infant population, especially bearing in mind the country's declining birth-rate, and Aston Manor's in particular.

One of the chief avoidable causes of infantile deaths may be again emphasised, viz., the deprivation of breast milk. The large proportion of infants wholly breast-fed in Aston Manor is noteworthy, but considering the small number of mothers who go to work, this number ought to be increased, and I trust I am not exceeding my official capacity by appealing to the medical practitioners and midwives of the Borough, before giving easy consent to young mothers to wean their babies, to weigh the danger to the infant of artificial feeding, and to inform the mother, who no doubt will then be more willing to put up with some inconvenience for the sake of her child. It is to the medical practitioner, and especially the trained midwife, we must first look for this special education of mothers, and later to the visits of Lady Health visitors and voluntary effort on the part of philanthropic ladies.

More care and better food for the poor and expectant mother (then and also during suckling) would do much towards minimising the number of cases where weaning of healthy infants has to be advised owing to poorness or insufficiency of breast milk. The irregularity or the almost continual feeding of the infant (feeding every time it cries) upsets the infant stomach (which requires intervals of rest) as much as unsuitable food, and should be discouraged. The following are other avoidable causes, viz. : Alcoholism, ignorance, want of cleanliness of bottles, teats, etc., carelessness in storage, and neglect in covering milk, especially tins of condensed milk, from dust and flies, together with tardiness in obtaining medical advice in the early stages of illness of infants, often the only stage at which medical aid may save the life of the child. Three avoidable sudden deaths of infants from suffocation in bed were recorded during the year under review, as compared with four in 1907, and necessitated three inquests; it is surprising that recent legislation has not made this a punishable offence apart from the following clause contained in the Children Act :

“Where it is proved that the death of an  
 “infant under three years of age was caused by  
 “suffocation (not being suffocation caused by  
 “disease or any foreign body in the throat or air  
 “passages of the infant) whilst the infant was in  
 “bed with some other person over sixteen years  
 “of age, and that that other person at the time  
 “of going to bed was under the influence of drink,  
 “that other person shall be deemed to have neg-  
 “lected the infant in a manner likely to cause  
 “injury to the health within the meaning of this  
 “part of the Act.”

Among the many causes of infantile mortality some are unavoidable, however great the care taken, and whatever the size, position, or sanitary state of a town. Of these more or less unavoidable infant deaths in Aston Manor during 1908 premature birth was registered as the cause of 39 deaths, 16 from congenital defects, injury at birth, or malformation, and death claimed ten of those born with inherited constitutional diseases, such as tuberculosis, three died from inherited syphilis, several deaths occurred in the infants of weakly parents and those addicted to alcohol, attributed to atrophy, debility, or marasmus. For further analysis of deaths of infants under twelve months see Table V. Local Government, in the Appendix to this Report.

It was recorded in my last Annual Report that fresh legislation had come into force, by which under an Adoptive Act (Notification of Births Act, 1907), the knowledge of a birth of a child would be in the hands of the Medical Officer of Health within a couple of days of the event.

The adoption of this Act was recommended by the Health Committee to the Town Council, and unanimously adopted by that Council on January 1st, 1908, and after approval by the Local Government Board came into force on February 9th, 1908, in this Borough.

The Notification of Births Act, 1907, provides that :

- (1) " In the case of every child born in an area in which this Act is adopted, it shall be the duty of the father of the child, if he is actually



residing in the house where the birth takes place at the time of its occurrence, and of any person in attendance upon the mother at the time of, or within six hours after, the birth, to give notice in writing of the birth to the Medical Officer of Health of the district in which the child is born, in manner provided by this section.” (2) “ Notice under this section shall be given by posting a pre-paid letter or postcard addressed to the Medical Officer of Health at his office or residence, giving the necessary information of the birth within 36 hours after the birth, or by delivering a written notice of the birth at the office or residence of the Medical Officer within the same time : and the Local Authority shall supply without charge addressed and stamped postcards containing the form of notice to any medical practitioner or midwife residing or practising in their area, who applies for the same.”

This notification is to be in addition to, not in substitution for, registration, and is to be given in respect of any child born at or after the twenty-eighth week of pregnancy, whether alive or dead.

The Town Council, on adopting the Act, brought its provisions to the notice of all medical men and midwives practising in their area by advertisement.

The Notification of Births Act has worked smoothly during the year, and so far it has not been deemed advisable to prosecute for failing to notify.

The adoption of this new Act enables visits to be paid by the Lady Health Visitor during the first week of a child's life, and consequently permits of earlier and more effective measures being taken, especially in encouraging the breast feeding of infants. It has in previous reports been noted that great delay occurred in obtaining intimation of births, as the law allows six weeks for registration. Early notification of births is a very desirable measure, when we consider that 46 infants died in 1908 within a week of birth, and 77 within a month. Under this Act the Health Visitor may by much earlier visits and education of mothers prevent the weaning of infants and the giving of unsuitable food during the first few days of a child's life, and may also prevent habits being formed detrimental to the child.

As I said in my Annual Report for 1905 :—

“ It is from education that the best results  
 “ may yet be obtained both by Health Visitors un-  
 “ assumingly teaching mothers in their homes  
 “ where a baby has been recently born, and by  
 “ Education Authorities to the elder girls in the  
 “ higher standards of Elementary Schools or con-  
 “ tinuation classes on domestic and infant  
 “ hygiene.”



The following table gives the total births and deaths for the past ten years in Aston Manor, from Infantile Mortality :

Year.	Total Births.	Total Deaths.	Deaths under one year.	Deaths from Diarrhoea.	Deaths under 1 year per 1,000 births registered
1899	2521	1240	489	227	194
1900	2516	1282	423	168	167
1901	2419	1281	467	155	192
1902	2311	1016	299	41	129
1903	2282	1179	374	105	159
1904	2336	1277	438	141	187
1905	2129	1152	318	88	149
1906	2270	1226	368	139	162
1907	2128	1153	268	36	122
1908	2198	1138	289	81	125

I again submit a list of the principal causes of the deaths of the 289 infants under one year of age, which occurred in the Borough during 1908, viz. :—

Diphtheria ...	...	...	...	...	1
Whooping Cough ...	...	...	...	...	15
Measles ...	...	...	...	...	—
Diarrhoeal Diseases ...	...	...	...	...	65
Enteritis and Diseases of Digestive System ...	...	...	...	...	21
Bronchitis and Pneumonia ...	...	...	...	...	41
Debility and Marasmus ...	...	...	...	...	44
Premature Birth ...	...	...	...	...	39
Congenital Malformations, Atelectasis, and Injury at Birth ...	...	...	...	...	16
Meningitis ...	...	...	...	...	6
Convulsions ...	...	...	...	...	18
Suffocation in bed with parents ...	...	...	...	...	3
Other causes ...	...	...	...	...	20

# VITAL STATISTICS OF WHOLE DISTRICT DURING 1908 AND PREVIOUS YEARS.

Year.	Population estimated to middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	Nett Deaths at all Ages belonging to the District.	
		Number.	Rate.	Under year of Age.		At all Ages.					Number.	Rate.
				Number.	Rate per 1,000 Births registered	Number.	Rate.					
1	2	3	4	5	6	7	8	9	10	11	12	13
1898	74,890	2,523	33.7	471	186	1,214	16.2	No Public Institutions.	Ditto.	4	1,214	16.2
1899	75,730	2,521	33.2	489	194	1,240	16.3				1,214	16.3
1900	76,630	2,516	32.8	422	167	1,278	16.7				1,240	16.3
1901	77,560	2,419	31.1	465	192	1,229	15.8				1,282	16.7
1902	78,481	2,311	29.4	299	129	969	12.3				1,281	16.7
1903	79,417	2,282	28.7	362	159	1,031	12.9				1,016	12.9
1904	80,363	2,336	29.1	428	183	1,136	14.1				1,179	14.8
1905	81,320	2,129	26.1	307	144	986	12.1				1,277	15.8
1906	82,288	2,270	27.6	355	156	1,053	12.8	166	1,152	14.1		
1907	83,266	2,128	25.5	260	122	935	11.2	173	1,226	14.9		
Averages for years 1898-1907.		2,344	29.7	365	163	1,107	14.0	218	1,153	13.8	1,202	15.2
1908	84,256	2,198	26.0	275	125	930	11.0			208	1,138	13.5

Average number persons per house, 4.78      Inhabited houses at Census, 16,129.      Population at Census, 77,316.

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Infectious and other  
Diseases.

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## Prevention of Disease.

### Notification of Infectious Diseases.

Notifications of 422 cases of infectious diseases were received from medical men during 1908. The fees for notification for the year amounted to £52.

CASES OF INFECTIOUS DISEASES NOTIFIED IN EACH MONTH OF 1908.													
1907.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera...	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	5	5	3	3	8	5	2	6	6	9	10	13	75
Memb. Croup ...	—	1	—	—	—	—	—	—	—	1	1	—	3
Erysipelas ...	4	2	7	4	6	3	4	5	8	6	5	7	61
Scarlet Fever ...	21	27	18	4	20	18	17	20	12	51	27	26	261
Typhus Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever...	—	2	—	3	—	—	1	4	1	1	3	—	13
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple Cont. Fev	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	1	1	—	—	2	—	—	2	—	1	7
Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	30	37	29	15	34	26	26	35	27	70	46	47	422

During the past year your Medical Officer has obtained reports from the sanitary staff on all these cases, and 595 notices have been sent to head teachers acquainting them of infectious diseases in the homes of school children; 365 houses were fumigated after infectious disease. 386 lots of bedding and clothing were disinfected in the apparatus, and 303 premises stripped and lime-washed after the convalescence or removal of infectious cases; 193 cases of scarlet fever occurring in the district were admitted to your Infectious Hospital.

INFECTIOUS DISEASES NOTIFIED IN ASTON MANOR SINCE THE  
ADOPTION OF THE NOTIFICATION ACT IN 1890.

YEAR.	Smallpox.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhoid Fever.	Simple Con- tinued Fever.	Puerperal Fever.	Total.
1890 ... (Six Months)	—	32	6	56	305	28	—	2	429
1891 ...	—	44	2	38	336	44	3	6	473
1892 ...	—	44	1	83	406	57	1	6	598
1893 ...	126	47	5	83	214	121	6	12	614
1894 ...	202	44	14	80	136	35	—	6	517
1895 ...	34	109	6	98	413	41	—	4	705
1896 ...	—	204	18	78	596	82	—	10	988
1897 ...	—	90	12	67	376	78	3	4	630
1898 ...	—	73	10	68	169	108	1	4	433
1899 ...	—	68	10	62	128	185	1	—	454
1900 ...	—	82	4	87	406	145	2	12	738
1901 ...	1	50	10	79	309	114	—	6	569
1902 ...	7	58	4	68	361	76	—	5	579
1903 ...	31	44	8	59	383	77	—	4	606
1904 ...	3	37	11	73	175	50	—	7	356
1905 ...	1	53	9	63	164	35	1	1	327
1906 ...	1	99	8	71	324	47	—	7	557
1907 ...	—	92	9	88	345	41	—	5	580
1908 ...	—	75	3	61	261	15	—	7	422
Totals ...	406	1345	150	1362	5807	1379	18	108	10575



WARD DISTRIBUTION OF CASES OF, AND DEATHS FROM, SMALLPOX, DIPHTHERIA (AND MEMBRANOUS GROUP),  
SCARLET FEVER, AND TYPHOID FEVER.

WARD.	SMALLPOX.			DIPHTHERIA AND MEMBRANOUS GROUP.			SCARLET FEVER.			TYPHOID FEVER.			TOTAL.		
	Cases.	Deaths.		Cases.	Deaths.		Cases.	Deaths.		Cases.	Deaths.		Cases.	Deaths.	
		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.		In Ward.	Out of District.
Brook Ward ...	—	—	—	23	4	—	55	1	3	2	—	—	80	5	3
Lozells Ward ...	—	—	—	14	2	2	64	1	—	1	—	—	79	3	2
Park Ward ...	—	—	—	9	—	—	53	—	3	4	—	—	66	—	3
Reservoir Ward ...	—	—	—	5	—	—	40	—	2	1	1	—	46	1	2
Six Ways Ward ...	—	—	—	12	3	—	29	—	2	5	1	—	46	4	2
Villa Ward ...	—	—	—	15	1	—	20	—	—	2	—	—	37	1	—
Totals ...	—	—	—	78	10	2	261	2	10	15	2	—	354	14	12



The following is a Table of the Ages at which all the cases of Infectious Diseases notified during 1908 occurred :—

AGES.	Small-pox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Typhoid Fever.	Relapsing Fever.	Simple Continued Fever.	Puerperal Fever.	TOTALS.
Under 1 Year ...	—	—	2	—	3	2	—	—	—	—	—	7
1 to 5 Years ...	—	—	23	3	4	63	—	—	—	—	—	93
5 to 15 „ ...	—	—	32	—	3	172	—	4	—	—	—	211
15 to 25 „ ...	—	—	13	—	4	13	—	4	—	—	2	36
25 to 65 „ ...	—	—	5	—	42	11	—	7	—	—	5	70
65 Years and upwards	—	—	—	—	5	—	—	—	—	—	—	5
TOTALS ...	—	—	75	3	61	261	—	15	—	—	7	422

**Measles.**

				Average of previous 10 years.
No. of Deaths	...	...	1908. 2	26

**Whooping Cough.**

				Average of previous 10 years.
No. of Deaths	...	...	1908. 52	31

It will be convenient again to deal with measles and whooping cough under the same heading, for although the special preventive action in the direction of infant school closure was taken on account of measles, the simultaneous prevalence of both these diseases in connection with two of the schools closed was taken into account also.

I have as usual been supplied by the Attendance Officers of the Education Committee with weekly returns of the number of children absent from the Public Elementary Schools of the Borough suffering from infectious non-notifiable diseases, such as measles, whooping cough, chicken-pox, mumps, etc.

These reports, often supplemented, on my request to the Secretary, by special daily ones, have enabled me to judge the prevalence and locality affected, and to watch each school or department into which measles or whooping cough has been introduced, thereby permitting of earlier action being taken. The system of exclusion from school of all children from measles-infected homes has been continued.

Measles of a mild type was endemic in Aston Manor during the whole of the year, but threatening to become epidemic in connection with three schools at the end of

the first quarter, it became necessary, in order to lessen its fatality and to curtail its spread, to close each of the Infant Departments of these schools, but, as I said in my last Report :—

“ This step is never recommended without  
 “ much thought, knowing how much it interferes  
 “ with school attendance and management,  
 “ although if the whole department is closed on a  
 “ medical certificate, the attendance grant is paid.  
 “ The consideration shown by the Education  
 “ Committee in complying with these recom-  
 “ mendations is to be highly commended, showing  
 “ that the child’s health is thought more of than  
 “ the financial aspect.”

The following infant departments were closed for a period of three weeks, viz. :—

Upper Thomas Street Infant Department	closed,	Feb. 29th,	1908
Vicarage Road	„ „ „	Mar. 31st,	1908
St. Silas’	„ „ „	Apr. 7th,	1908

It is satisfactory to be able to state that this procedure arrested entirely the disease in the three infant departments closed. No case of measles after re-opening of two of them was reported to me during the rest of the year, and in the other infant department closed, only three cases were reported during the remaining nine months.

The mild type of the disease is evidenced by the fact that only two deaths were registered from measles during the year under review, although it is probable some deaths really due to measles were ascribed to broncho-pneumonia.

As whooping cough had assumed an epidemic form during the last quarter of 1907, and was then of a severe type, and very fatal, it is not surprising that this disease continued its virulence and prevalence during the first quarter of 1908, in which 38 of the 52 deaths that occurred during the year took place. In the second quarter there were nine deaths, and during the last half of the year whooping cough gradually declined, only five deaths being attributed to this disease. Forty-seven of these deaths occurred in children under the age of five years. I report on measles and whooping cough under the same heading for the reason that they are both exceedingly infectious, and essentially diseases of children, and are more fatal among children under five years of age than all other infectious diseases taken together. Whooping cough cannot be controlled in the infant classes by closure to the same extent as measles, owing to the infection of this disease being retained for such a prolonged period, which suggests the inadvisability of allowing infants to attend school before they reach the age at which attendance at school becomes compulsory.

The following table shows the monthly number of deaths from measles during the past six years :—

Year.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
1903	—	—	2	3	3	3	4	5	1	—	1	3	25
1904	2	3	4	4	3	—	—	—	—	—	—	—	16
1905	—	—	5	3	2	2	7	3	—	—	6	2	30
1906	5	1	—	—	1	2	4	1	—	1	6	7	28
1907	10	11	4	5	5	1	2	—	—	—	1	—	39
1908	—	—	—	—	—	1	—	—	—	—	—	1	2

The following table shows the number of deaths from measles and whooping cough during each of the past ten years :—

DEATHS FROM	1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	Total.
Measles ...	11	32	29	24	25	16	30	28	39	2	236
Whooping Cough...	31	36	28	47	21	56	27	34	20	52	352

I submit for the past ten years a table to show the number of deaths from measles and whooping cough below five years of age, as compared with those occurring over that age :—

Disease.	Age.	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	Total.
MEASLES	Under 5 years	11	31	26	22	25	15	28	24	38	2	222
	Over 5 years	—	1	3	2	—	1	2	4	1	—	14
	Total ...	11	32	29	24	25	16	30	28	39	2	236
WHOOPIING COUGH	Under 5 years	27	24	37	45	21	53	27	34	20	47	335
	Over 5 years	4	2	1	2	—	3	—	—	—	5	17
	Total ...	31	36	28	47	21	56	27	34	20	52	352

#### Diphtheria and Membranous Group.

				1908.	Average of previous 10 years.
Number of Cases	...	...	...	78	73
Number of Deaths	...	...	...	12	10
Death-rate per 1,000, Aston Manor...	0	14			



I have continued to group these two diseases together as they are symptomatic of each other, the terms being regarded as synonymous. This method is also adopted by the Registrar General, and therefore allows of comparison. The total number of cases notified of diphtheria and membranous croup was 78, a decrease of 23 as compared with 1907. It is regrettable to note that diphtheria was increasing at the close of the year, but the mortality rate per 1,000 for the year was less, viz., 0.14. Twelve deaths were registered during the year, as compared with 11 during the previous year. The cases were fairly evenly scattered over the Borough, but the disease was most prevalent in the fourth quarter of the year, when 34 of the cases were notified. It will be seen from the age table on page 36 that the largest number of attacks occurred between 1-15. One of the 12 deaths occurred under one year of age, 5 under five years of age, and 6 under ten years. These 78 notified cases occurred in 73 houses, 64 of which had w.c.'s and 9 had privy middens. Second cases occurred in the same house in only five instances, and three of these second cases were notified within 24 hours of each other. This again shows that the infection of diphtheria is very localised, otherwise with such a wide dissemination of cases an epidemic would have resulted.

A detailed report on each case of diphtheria was made in order, if possible, to trace the source of infection, particular attention being paid in the case of children to the school and department they attended, and in adults the character of the employment was kept under observation. In all instances the milk supply was recorded, but was varied, and not under suspicion, and no factor common to this disease was elicited. Although 60 of the cases notified were among children under school



age, it is interesting to note that only twice during each month have there been as many as three cases notified in a school of several departments, therefore I did not consider that the schools were a source of infection, or that there was any necessity for closing schools.

On the receipt of a notification of this disease among children attending school a certificate has been sent to each head teacher, warning them of the presence of this infection, and all children from infected homes have been excluded from the various schools or departments they attended until disinfection had been carried out after recovery or removal of the patient, and the head teacher informed to that effect.

Brook Ward showed the greatest incidence from this disease, as shown on page 35. The ages of all the persons affected is seen on page 36. From the table of deaths appended at the end of this Report it will be observed that it is amongst children the largest fatality from this disease occurs. Six of the twelve deaths were of children under five years of age, which is another argument against admitting children to school before the age at which school attendance is compulsory. In only five instances were sanitary defects of any importance found within the curtilage of the homes where patients were taken ill. These consisted of three choked drains, a choked exterior w.c.; and a broken pan in w.c. These nuisances were at once remedied. None of the second cases occurred in the homes where these nuisances existed.

I am pleased to see that medical practitioners take more advantage of the facilities provided for the bacteriological examination of throat secretions at the University of Birmingham. This is not only a safeguard to

the patients, but enables earlier and more certain diagnoses to be made, tending also to greater accuracy in statistics relating to this particular affection.

### Scarlet Fever.

				Average of previous 10 years.
			1908.	
Number of Cases	...	...	261	270
„ Deaths	...	...	12	8
Death-rate per 1,000, Aston Manor			0·14	

The epidemic of this disease, which began suddenly in this Borough in the last quarter of 1906, and which prevailed extensively during 1907, was by no means spent during the year under review. It was unfortunately augmented in the Autumn by a smaller and more localised one, which occurred in Brook and Park Wards in connection with St. Mary's School, Aston Brook.

During the first quarter of the year 66 notifications were received; during the second quarter 42, the third quarter 49, but during the last quarter there were 104: 51 in October, 27 in November, and 26 in December, making a total of 261 cases notified during 1908, as compared with 345 in the preceding year. These 261 cases were mostly of a severe type, and occurred in 247 houses; 193 were removed to the Aston Manor Fever Hospital, representing a percentage of 74 cases isolated. Scarlet Fever seems to present itself in five-yearly epidemic waves in Aston Manor, the epidemics varying in malignancy. The type of disease prevalent in the Borough during 1908 was of a more virulent character than usual, 12 deaths occurring among the 261 notified cases, viz.: two at home and ten in the hospital. It is a variable and treacherous disease; even in very mild cases late com-

plications may supervene, but some attacks are so mild as to escape recognition altogether, thereby acting as "carriers" or being the means by which this complaint is spread, which partly accounts for the difficulty, and often impossibility, of tracing the source of infection. Dirt, sewer gas, smells, insanitary conditions play a minor part in the spread of scarlet fever, and zymotic disease generally, with the exception, of course, of contaminated milk, food, water supply, and overcrowding. It is by these mild unrecognised "carriers" or missed cases, that infection no doubt is spread, especially in schools. Now that medical inspection of school children is legalised, the detection of "carriers" or missed cases will be more easily accomplished, and so tend to reduce one source of infection.

Ordinary scarlet fever is a disease which has an incubation period from 24 hours to a week, its invasion being sudden, and attended often with either headache, shivering, or vomiting, and sometimes convulsions in young children, a characteristic punctiform scarlet rash shortly appearing, followed by peeling of the skin (desquamation), which lasts at least six weeks. The tongue usually presents a strawberry appearance, septic affections of throat and nose often occurring, which may extend to the ear passages. Other complications or sequelæ may follow even in the mildest of cases: such as otorrhœa, mastoiditis, nephritis, or albuminuria, rheumatism, rhinitis, and secondary glandular affections forming abscesses. As any one or more of these complications may occur in the same patient, prolonging their recovery and stay in hospital, the uncertainty, variability, and treacherousness of this complaint can be understood. Bacteriology has not as yet been of any help in defining

when a patient is free from infection, therefore the difficulties of discharge of such cases from scarlet fever hospitals into homes where there are other susceptible children can be realised, especially as any eczematous condition of the mouth, nostril, or ear is known to be highly infective. In some cases a patient may be released who has escaped any of the above-named complications in six weeks, whereas another may have to be isolated for prolonged periods, for any one or more of these lesions, and released even then with some risk lest a "return" case be the result.

The localised outbreak of scarlet fever occurred during October in connection with St. Mary's Schools, Aston Brook, 20 children resident in the Borough being notified as suffering from scarlet fever who attended the various departments of that school. On October 6th I wrote to and interviewed the school Medical Officer, Dr. Catherine Fraser, who at my request investigated the matter at St. Mary's Schools, Aston Brook, where she discovered in school a boy resident in Birmingham skinning on hands and feet. This child, together with another suffering from sore throat, were at once excluded from school.

I had in the meantime written to the Medical Officer of Health for Birmingham, inquiring whether any cases had been notified in the city connected with this school, and learned that there had been in Birmingham four children resident in one house notified as suffering from scarlet fever, three of whom attended this school. I subsequently informed him of the child who had been discovered skinning, and his home was visited by the Assis-

tant Medical Officer of Health for Birmingham, who found that the parents had called in a medical man, who notified the child as suffering from scarlet fever.

The classroom in which this boy was placed, together with the infants' department of the school, was subsequently disinfected, and the books, pencils, pens, etc., used by the scholars were disinfected at the disinfectory in Chester Street.

As scarlet fever diffuses itself through a school very slowly, it appeared to be advisable, with the aid of the school Medical Officer, to find if there were any "missed" or "carrier" cases in the school rather than close the whole school.

Fourteen of these 20 cases were isolated in the Fever Hospital, and I regret to say two of the 20 cases died.

The procedure for the prevention of the spread of scarlet fever pursued in the Borough has been periodical, and systematic visits to the houses where cases were isolated at home by the Sanitary Inspector or one of his staff. Reports were made on receipt of each notification to the Medical Officer of Health, as to the milk, water supply, sanitary arrangements, drainage, school or department attended by the patient and rest of the family, state of the house, outbuildings, number in house, and means of isolation, these reports being entered into an Infectious Disease Register, where the results of subsequent weekly visits to enforce isolation are also recorded. Notices were sent to the head teacher of each school where children attended from infected homes, requiring exclusion of these children from school until a further certificate was sent that the house was



cleansed and disinfected to the satisfaction of the Medical Officer of Health after recovery or removal of the patient. A record is also kept of each case connected with a school and the departments affected, which permits of the incidence of this disease being under continual observation, also a spot map of the notified cases is kept in the Medical Officer of Health's office. Where cases are removed to hospital the usual routine followed was fumigation, the removal of infected bedding and clothing to the Borough steam disinfector, Chester Street, and the stripping and limewashing of the infected houses or parts thereof on the certificate of the Medical Officer of Health.

I again tender my thanks to the medical practitioners who were good enough to certify when notifying cases of scarlet fever, whether or not patients were fit for removal to hospital.

The following is a summary for the past ten years of the number of cases, infected homes, and the means taken to prevent the spread of this disease :—

YEAR.	Cases of Scarlet Fever Reported.	Infected Houses.	Deaths registered, including those in Hospital.	Houses stripped and disinfected on Medical Certificate.	Lots of Clothing and Bedding disinfected at Apparatus.	Cases isolated in Hospital.	Percentage of cases isolated.
1899	128	112	2	98	102	53	41
1900	406	320	7	274	339	248	62
1901	309	253	15	240	279	165	53
1902	361	289	18	276	304	223	62
1903	383	292	19	311	321	248	65
1904	175	142	17	157	159	120	68
1905	164	121	6	107	132	127	77
1906	324	253	7	276	281	268	82
1907	345	285	4	298	286	277	80
1908	261	247	12	233	244	193	74



**Zymotic Diarrhœa.**

	1908.	Average of previous 10 years.
Number of Deaths ... ..	81	126
Death-rate per 1,000 in Aston Manor	0.96	—

Zymotic diarrhœa was the cause of 81 deaths during the past year, as compared with 36 during 1907, which latter low mortality was exceptional, being the lowest on record since 1894, but the number of deaths from diarrhœa for the year under review shows a decrease much below the average of the previous ten years. There were also 24 deaths from enteritis, not included under this heading, but a disease closely allied to diarrhœa, the causes producing enteritis in the summer being practically those of diarrhœa; no fewer than 65 of these 81 diarrhœa deaths occurred in infants under 12 months of age. Seventy of these deaths took place during the months of August, September, and October, six occurred in July, three in June, and one was registered as late as December. Diarrhœa occurs in the summer at all ages, but is rarely fatal, except in hand-fed infants under twelve months of age, especially those under six months. I have in previous reports commented at length on the causes contributing to zymotic diarrhœa, stating that it is a seasonal disease governed by meteorological conditions; long spells of heat and drought, which cause high soil temperature, favouring the activity of the micro-organisms of this disease, which are supposed to be present in polluted soil, these organisms being carried by dust into milk and uncovered food, where they are either poisonous themselves or multiply and produce

toxins, which, when swallowed, produce epidemic diarrhoea, so fatal to infants, especially the bottle-fed. I have emphasised the fact that cold and wet summers are productive of a lesser prevalence of this fatal disease. The summer of the year 1908, although warmer than 1907, had no extremes of heat or drought for long periods, therefore did not altogether favour the development of this particular cause, as the temperature of the 4ft. earth thermometer did not reach 56 degrees in this neighbourhood on any one day during June, July, August, or September, at which soil temperature diarrhoea becomes very prevalent. The average temperature as ascertained from the Birmingham and Midland Institute Observatory for the 4ft. earth thermometer for June was 49·86, July 52·38, August 53·75, and September 52·40. The mean maximum temperature was highest in July, and reached 68·5, and the mean minimum temperature of these four months was in September, and was 48·4. The greatest number of deaths, viz., 51, took place in August, when the average temperature of the 4ft. earth thermometer registered its highest, viz., 53·75.

Other causes of epidemic diarrhoea of recent years have been recognised, particularly the prominent part that flies play in the dissemination of the infection of this disease, the warm weather (not necessarily extremes), lending itself to the hatching and breeding of flies in ashpits, middens, manure pits, and wherever collections of fish garbage, animal or vegetable matter is allowed to collect, and not very frequently removed. These germ-laden insects are now considered a source of infection to our milk and food.

Summer diarrhoea is to a great extent a preventable disease, being fostered by the too infrequent removal of filth in hot weather, such as is contained in ashpits, middens, manure pits; also by carelessness in not keeping food covered from dust and flies, whereby milk, the staple food of the hand-fed susceptible infant, becomes polluted. The breast-fed infant escapes this source of infection, also improper and unsuitable food. This is illustrated in this town, as in other large towns, from the inquiries which were made under my direction by your Lady Health Visitor, Miss K. Walton, into the circumstances attending the deaths of the 80 children who died from epidemic summer diarrhoea during 1908. She elicited the following facts: Of the 80 deaths, 3 died who were breast-fed, 6 died who were breast and hand-fed, and 70 who were solely hand-fed, one case not being traced after leaving the district. One other death in an adult from dysentery, classified under diarrhoea, occurred, making a total of 81 deaths for the year. The reasons given for the hand-feeding of children by various mothers were in 10 instances: that the doctor had advised them to do so; in 42 instances the breast milk was lost soon after getting up; and in eleven instances they weaned the baby after six months without any particular reason, but it is remarkable to note that in only four instances out of the 80 deaths did the mothers wean their babies in order to go to work. Out of the 80 homes visited where a death occurred the Health Visitor discovered only one really dirty, but the covering of milk and food stuffs in these homes was to her mind very inadequately carried out. I particularly asked her to inquire

in these 80 homes as to whether they had been troubled with any great quantity of flies. She reports that in at least 44 homes they were pestered with a great many flies, especially in those twelve homes where there were no waterclosets. The comparative absence of sanitary defects found in the houses where deaths occurred is remarkable, only a few being noted. There was no overcrowding, and practically as many deaths occurred where they used the tubeless or boat bottle as where they used the tube bottle. She particularly advised the parents not to wean their subsequent babies during the hot summer months. Taking into consideration this analysis, of 79 of the 80 deaths from diarrhœa in this Borough, the results confirm facts previously noted in other towns, that mortality was due to food or milk unsuitable, or contaminated either by infected dust or flies. It is to my mind necessary to instruct people more as to the necessity for the systematic covering of food, thereby affording protection from dust and flies, and to encourage breast-feeding of infants; this of itself will minimise to a great extent the already lessening mortality from this disease. Daily removal of organic matter, house filth, and the more frequent emptying of ashpits during the summer months, swilling of yards, and watering of streets was also of great importance. I am pleased to say that the conversion of privies and middens into waterclosets has been continued with the same ardour in the Borough as in previous years, Aston Manor rapidly becoming a watercloset town.

The Lady Health Visitor, in her daily visits to the homes where a baby has recently been born, brings before parents the chief of these preventive measures, as

also in her special court or house-to-house visitations. The usual posters giving the Directions for the Prevention of Diarrhœa were again affixed throughout the Borough.

The resolution of the Sanitary Congress at Cardiff recommended the Dairies, Cowsheds, and Milkshops Order to be compulsory rather than adoptive in Rural Districts, and the administration of this Order by County Councils would tend greatly to purify the milk supplied to towns, and so help to reduce diarrhœa, thereby reducing the infantile mortality of the town.

The deaths were registered under the following names :—

Diarrhœa	...	...	...	...	22
Epidemic Diarrhœa...	...	...	...	...	13
Epidemic Enteritis	...	...	...	...	32
Zymotic Enteritis	...	...	...	...	6
Dysentery	...	...	...	...	1
Gastro Intestinal Catarrh	...	...	...	...	1
Infective Enteritis	...	...	...	...	6
					<hr/> 81 <hr/>

The mean annual death-rate per thousand from diarrhœal diseases in Aston Manor for the past ten years was as follows :—

1899	...	2.83	1904	...	1.7
1900	...	2.08	1905	...	1.08
1901	...	2.00	1906	...	1.68
1902	...	0.5	1907	...	0.43
1903	...	1.3	1908	...	0.96



The table below gives the number of deaths registered from diarrhoeal diseases during each month of each of the past eleven years:—

Year.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
1898	2	—	—	3	1	11	24	51	56	15	4	1	168
1899	2	2	3	3	3	10	41	93	55	11	3	1	227
1900	2	2	1	5	4	3	20	78	32	13	5	3	168
1901	1	1	1	—	1	7	40	59	40	5	—	—	155
1902	1	—	—	1	3	2	2	2	15	11	—	4	41
1903	—	1	1	2	2	4	10	44	25	15	—	1	105
1904	—	2	—	3	1	2	29	83	16	2	—	3	141
1905	1	—	—	1	1	1	22	44	13	3	—	2	88
1906	1	—	2	1	1	1	5	59	56	13	—	—	139
1907	—	—	—	—	—	1	3	8	12	12	—	—	36
1908	—	—	1	—	—	3	6	51	11	8	—	1	81

Table giving the ages of the total deaths from Diarrhoeal Diseases during the past five years:—

	1904.	1905.	1906.	1907.	1908.
Under 3 months ... ..	28	23	26	10	21
Between 3 and 6 months ...	42	25	34	9	29
Between 6 and 9 months ...	29	17	25	7	11
Between 9 and 12 months ...	14	9	24	4	4
Between 12 and 15 months ...	7	5	8	1	8
Between 15 months and 2 years	12	3	13	3	6
Between 2 years and 5 years...	—	3	4	1	1
Above 5 years ... ..	9	3	5	1	1
Totals ... ..	141	88	139	36	81



**Typhoid Fever.**

				Average of previous 10 years.
Number of Cases	...	...	1908. 15	87
Number of Deaths	...	...	2	14
Death-rate per 1,000 Aston Manor	...	...	...	0.02

One of the most satisfactory features of the past year was the continued and marked diminution in the number of cases of typhoid fever in the Borough, fewer cases having been notified than in any year since the Notification Act of 1889 came into force.

There were only 15 cases notified in the town during the year as compared with 41 cases in 1907, and 47 cases in 1906. Of these 15 cases, two deaths were registered in Aston Manor, as compared with 41 cases, and 12 deaths in the preceding year. No death was registered elsewhere as having died in an institution outside the boundary of the Borough. The prevalence of this disease is generally considered an index of the sanitary state of a district, and such a small number of cases in so densely a populated town is an indication of a good sanitary condition as regards its water carriage system, sewage, drainage, etc., and in no small degree the health of the Borough is due to the light, porous, sandy or gravelly soil on which it is built.

Since the epidemic of 1899 typhoid fever has gradually declined in the district, and if the sources of infection of some of these 15 cases could be traced I feel sure that many would prove to have been outside the Borough, the germs probably being swallowed or obtained by eating contaminated oysters or other shell fish, etc.

I may here quote from my 1906 Report the following paragraph, which is still applicable : —

“Typhoid fever is generally endemic in densely populated towns like Aston Manor, where privies and middens are not yet all abolished, and polluted soil remains round dwelling-houses, and it will be some years yet before the district is entirely a watercloset town. The urgent need of speedily converting these privies and middens into waterclosets has been long recognised by your Health Committee, and no amount of pains and energy have been spared by your sanitary staff towards the abolition of privies and middens generally, and wherever possible, I have, with the help of your Inspector, endeavoured to get the privies and middens at typhoid-infected houses converted into waterclosets and dry ash-pits, and have in many other instances inspected privies and middens, in order, if necessary, to give medical evidence of their danger to health.”

All the 15 cases notified have been duly investigated as regards the sanitation of the homes, and where nuisances were discovered means were at once taken for their abatement. In only two instances were serious nuisances discovered, one being a choked drain and the other a broken pan in a w.c. The 15 cases occurred in 15 houses, 13 of which were provided at the time of examination with w.c.'s. All occurred between the ages of 10 and 45 years. It is noteworthy that in no instance did a secondary case occur. As there are now no wells known to exist in the Borough the water supply was not

in question, as Aston Manor now derives, with Birmingham, its water supply for drinking and household purposes, from the Welsh Elan Valley, and therefore owes much of its freedom from this disease to that factor. The milk supply was varied in almost every instance.

Two specimens were sent to the Bacteriological Department of the Birmingham University for Widal's reaction, both of which showed negative result. Hand bills were left at each infected home advising preventive measures, free disinfectants being supplied by the Council. After recovery or removal of a patient all infected bedding and articles of clothing were systematically disinfected in the steam disinfector at Chester Street belonging to your Council, the infected rooms fumigated, and the walls stripped and limewashed to the satisfaction of your Medical Officer of Health.

The following table gives the age distribution of the cases notified during the past six years :—

AGE DISTRIBUTION OF TYPHOID FEVER.

	1903	1904	1905	1906	1907	1908
Under 5 years ...	3	4	5	2	—	—
5 to 15 „ ...	14	12	6	15	14	4
15 to 25 „ ...	31	14	13	12	13	4
25 to 45 „ ...	25	19	9	17	12	7
45 to 65 „ ...	3	1	2	1	2	—
65 years and upwards...	1	—	—	—	—	—
Total ...	77	50	35	47	41	15

### Smallpox.

No case of small pox occurred in the Borough during the past year, the last case being notified November 25th, 1906, and proved to be a case of modified small pox (varioid) imported from Hull.

### Puerperal Fever and Midwives Act.

	1908.	Average of previous 10 years.
Number of Cases in Aston Manor	... 7	5

Four cases of puerperal fever have been notified in the practice of midwives, and three in the practice of medical men. Of the seven cases notified, one died.

The term puerperal fever has been removed from the nomenclature of the Royal College of Physicians, and the College directs that pyæmia, septicæmia, or septic intoxication, occurring in puerperal women should be described as puerperal pyæmia, puerperal septicæmia, and puerperal septic intoxication respectively.

Each case has been carefully inquired into by myself and the Inspector, and if occurring in the practice of a midwife, a report has been made to the Executive Officer, under the Midwives Act, 1902, for the County of Warwick, Dr. A. Bostock Hill. I have continued to have thorough disinfection carried out in all cases, and in the cases occurring in the practice of midwives, the following section of the rules of the Central Midwives Board was rigorously enforced.

“ Whenever a midwife has been in attend-  
 “ ance upon a patient suffering from puerperal  
 “ fever, or from any other illness supposed to be  
 “ infectious, she must disinfect herself and all her  
 “ instruments and other appliances, to the satis-

“faction of the local sanitary authority, and must  
 “have her clothing thoroughly disinfected before  
 “going to another labour. Unless otherwise  
 “directed by the local supervising authority, all  
 “washable clothing should be boiled, and other  
 “clothing should be sent to be stoved (by the  
 “local Sanitary Authority), and then exposed  
 “freely to the open air for several days.”

### **Erysipelas.**

Sixty-one cases of erysipelas have been notified during 1908, as compared with 88 in 1907, and 71 in 1906. There were no deaths from this disease registered within or outside the Borough. In each notified case the premises have been visited and inquiries made, but no further action has been called for.

### **Phthisis and other Tuberculous Diseases.**

Phthisis was the cause of 102 deaths during 1908, as compared with 94 deaths during 1907. The death-rate from this disease for the year 1908 was 1·2. Nineteen of these deaths occurred in institutions outside the Borough, viz. : 14 in the Workhouse Infirmary, 2 in Hatton Asylum, and 3 in Birmingham institutions.

The number of deaths recorded from other forms of tuberculous diseases during the year was 22, giving a death-rate from other forms of tuberculosis of 0·26 per 1,000.

The following table shows the number of deaths from phthisis in Aston Manor for the last ten years, and the death-rates for the same period as compared with the death-rate for the whole of England and Wales :—



	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908
No. of Deaths from Phthisis in Aston Manor... ..	78	93	88	62	108	98	89	86	94	102
Death-rate from Phthisis in Aston Manor... ..	0.97	1.1	1.1	0.8	1.3	1.2	1.1	1.04	1.1	1.2
Death-rate from Phthisis in England and Wales ... ..	1.33	1.33	1.33	1.23	1.20	1.23	1.14	1.15	1.14	

There is at present no system of notification of pulmonary tuberculosis, compulsory or voluntary, in operation in the Borough, neither is there hospital accommodation. The disinfection of the premises and bedding after death or removal of a patient with tubercular disease has during the past four years been systematically offered, and satisfactorily carried out, and in only a few instances has disinfection been refused.

The deaths from tubercular disease come to my knowledge weekly through the returns of all deaths supplied to me by arrangement of your Health Committee with the Registrar of Births and Deaths for Aston Manor Sub-Registration District.

### Influenza.

Eight deaths occurred from this disease during the past year. All the deaths occurred in persons over the age of 55 years.



**Disinfection.**

The disinfection of infected clothing and bedding has been carried out at the steam disinfector at Chester Street, and Mr. Treadaway, the Superintendent of that Department, has supplied me with the following return of the amount of disinfection carried out during the past three years for this and other contracting districts :—

	1906.		1907.		1908.	
	Lots.	Articles.	Lots.	Articles.	Lots.	Articles.
Aston Manor ... ..	454	5,152	500	5,722	385	4,119
Erdington and Castle Bromwich ... ..	75	735	105	1,330	209	2,675
Sutton Coldfield ... ..	17	336	47	844	59	793
Perry Barr ... ..	6	64	13	274	3	74
Private ... ..	1	9	—	—	1	61
TOTAL ... ..	553	6,296	665	8,170	657	7,722

Cleansing and disinfection of houses in which infectious disease has occurred has been carried out under the directions of your Medical Officer of Health, the infected room or rooms being fumigated, the bedding being removed to your steam disinfector, and returned in a “pure” van, and the walls of the infected portion of the house being stripped and limewashed.

With a view further to minimise the risk of spreading infection, the Free Libraries Committee empower the Health Officers to destroy all books which come from infected houses.

**Inquests.**

From the weekly returns of the deaths registered in the district, as supplied by Mr. W. H. Ingall, Registrar of Births and Deaths for the district, it appears 8 deaths were registered by him as uncertified, as compared with 4 during 1907; and that 41 inquests were held by H.M. Coroner, J. J. W. Wilmshurst, Esq., during the year, as compared with 56 during 1907 and 54 during 1906.

**Mortuary.**

Mr. Robert Hannah, the Deputy Chief Constable for the County, and Superintendent of Police for the Borough, reports that there were 43 bodies deposited at the Mortuary during the past year—24 males and 19 females—and 24 post-mortem examinations made, and 42 inquests held. There were 55 bodies deposited there during 1907, and 57 during 1906.



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General  
Sanitary Administration.

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### **Congress of the Royal Sanitary Institute.**

In obedience to a resolution of the Health Committee, I was present at the twenty-fourth Congress of the Royal Sanitary Institute, held at Cardiff, from July 13th to July 18th, 1908.

The Congress was received by the Right Hon. the Lord Mayor (Alderman Iltyd Thomas, J.P.), and was presided over by the Right Hon. the Earl of Plymouth, P.C., C.B. The Congress was attended by over 800 delegates, the delegates being appointed by 239 authorities and learned institutions. The discussions following the various papers read were very interesting and instructive, and resulted in the passing of the following resolutions :—

“That in the opinion of this Conference it is desirable that the Government should be urged to take steps to amend the law with reference to the registration of births and deaths.”

“That the Council of the Royal Sanitary Institute be asked to draw the attention of the leading agricultural societies and show committees to the necessity of insisting upon a proper standard of cleanliness in all milking competitions with a view of providing the public with cleaner and more wholesome milk.”

“That the Council of the Royal Sanitary Institute be asked to make such representations to the Local Government Board as appear to the Council necessary, in order to secure an amendment of the Dairies, Cowsheds, and Milkshops Order, on the following points” :—



1. "The regulation of the sanitary condition of cowsheds, and all premises from which milk is purveyed."
2. "The addition of provisions for assuring that milch cows are in healthy condition."
3. "The addition of provisions for enforcing personal cleanliness on all persons who are engaged in the milking of cows and the distribution of milk."

"That the Conference on School Hygiene strongly recommend that the paper by Dr. F. Rose (Educational Adviser to the L.C.C. Education Department) on 'The use of Spray Baths in Elementary Schools' be printed, with illustrations and certain additions as to the cost of installations, and circulated among all the educational authorities of the country."

### **Medical Inspection of School Children.**

The Education (Administrative Provisions) Act, 1907, Section 13, laid upon Local Education Authorities the obligation to carry out the medical inspection of every child attending the public elementary schools. The examination has to be undertaken either before, or at the time of, or as soon as possible after, the child's admission to school, and at such other times as the Board of Education may direct. The Act came into force on the 1st January, 1908, and in anticipation of the work to be undertaken, the Board of Education intimated to Local Education Authorities that eventually the inspection of children at four stages of school life would be required, though in the first year it would be sufficient to examine

the children newly admitted to school and those leaving. The Board of Education in their first circular, which dealt very fully with the matter, emphasized the necessity of correlating the work of school medical inspection with that of the public health service, and stated that in Boroughs the work should be carried out by, or under the supervision of, the Medical Officer of Health for the Borough. The Aston Manor Education Committee invited my attendance at the preliminary meeting in January, 1908, to consider the necessary arrangements. I was also present by invitation when the candidates for appointment were interviewed by the Sub-Committee, and had pleasure in assisting the Sub-Committee by interrogations from the medical and professional point of view. Subsequently the Committee appointed Catherine Fraser, M.B., Ch.B., D.P.H., to take up the actual work of inspecting the children from 1st April, 1908. I have been consulted from time to time as to the general organisation of the work, which is now progressing satisfactorily, and in co-operation with that of the Public Health Department.

### **Sanitary State of the District.**

The Medical Officer of Health is required to give in his Annual Report an account of the sanitary state of the district at the close of the year. It is customary under this heading to deal with that branch of the public health work, which consists of the abatement of nuisances, systematic house-to-house inspection, the supervision of places which are brought more or less under the control of the Health Committee by means of regulations, bye-laws, etc., house refuse removal, and so on.

The routine work of your Chief Sanitary Inspector and his staff was somewhat interfered with during 1908 by the resignation in the early part of the year of the

first Assistant Inspector, Mr. J. Poyner, and by the lapse of three or four months before a successor was appointed. But the fact that there was then a re-arrangement and some increase of the staff, which now consists of a Chief Inspector, Senior Assistant, Junior Assistant, and Junior Clerk, helped to equalise matters during the latter half of the year, so that the ultimate amount of sanitary work for 1908 compares favourably with the corresponding statistics for the preceding years. The record of the work of your Chief Sanitary Inspector and his staff during the year under review, as contained in his Annual Report, is very commendable, and I again wish to record my sense of the ability and tact with which Mr. Purnell has discharged his oftentimes difficult duties. I have been in daily conference with him, and have advised, or been prepared to advise, in regard to nuisances and other matters in which the intervention of the Medical Officer of Health appeared to be desirable; and we have frequently made inspections both jointly and independently.

On page 131, in the appendix, will be found a table giving a summary of sanitary work done during 1908, tabulated in accordance with a form issued by the County Medical Officer of Health. This table, however, gives but an inadequate idea of the work relating to the abatement and removal of nuisances. One branch of it which yearly receives increasing care and attention is that of the abolition of privy middens in favour of waterclosets,

#### **Closet Accommodation.**

It is pleasing to be able to record that the number of privies and middens replaced by waterclosets, with ash-pits or dust-bins, during 1908 was slightly in advance of

those for the preceding three years, being 340, as compared with 333, 334, and 331 respectively during 1907, 1906, and 1905. These results are not achieved without much consideration and tactfulness, and it is satisfactory to note that no legal proceedings for the abatement of nuisances from this cause were necessary during the year under review, and that in only a few cases was it necessary for your Inspector to report to the Health Committee with regard to offensive privies and middens. In cases where this step has been called for I have, at your Inspector's request, visited the properties and inspected the nuisances, and have thus been prepared to advise as to any legal proceedings, and support them if necessary with medical evidence.

As showing the steady replacement of privies and middens with waterclosets which has taken place in Aston Manor, it will be interesting to note certain figures appearing in a table on page 132, kindly furnished by Mr. A. Treadaway, Superintendent of the Interception Department. This table shows, among other details, the decrease in the number of loads of night-soil removed from middens to the destructor year by year, and I have extracted from it the figures representing five-year intervals, as follows :—

1893	...	...	...	14,868 loads.
1898	...	...	...	14,121 „
1903	...	...	...	8,676 „
1908	...	...	...	4,107. „

(There is, of course, a corresponding increase in the amount of dry refuse removed by day.) It will be seen from the figures above quoted that during the past five

years alone the number of loads of night-soil removed has been reduced by more than one-half, which is, of course, due to the rapid abolition of privies and middens in favour of waterclosets, with dry ashpits or tubs.

The second column in the following table shows the number of waterclosets with dry ashpits or dustbins, substituted for privies and middens during the last thirteen years, and in the third column is shown the number of new waterclosets erected during the same period, these latter figures being supplied me by your Surveyor :—

Year.	W.C.'s Substituted.					New W.C.'s.
1896	...	...	265	...	...	311
1897	...	...	204	...	...	84
1898	...	...	217	...	...	71
1899	...	...	218	...	...	77
1900	...	...	316	...	...	75
1901	...	...	732	...	...	96
1902	...	...	835	...	...	140
1903	...	...	587	...	...	119
1904	...	...	850	...	...	71
1905	...	...	331	...	...	83
1906	...	...	334	...	...	49
1907	...	...	333	...	...	89
1908	...	...	340	...	...	80

### Sanitary Legislation.

On the 1st of January, 1908, Part I. of the Public Health Act, 1907, came into force. The Act is divided into ten parts, but only Part I. (which does not bear



directly on matters relating to public health) is compulsory ; the remaining portions of the Act are adoptive. The Act has not been adopted in Aston Manor, its sanitary provisions, etc., being practically identical with the corresponding provisions contained in the Aston Manor Improvement Act, 1903.

The only other Act directly affecting sanitary work which came into force during the year under review was the Factory and Workshop Act, 1907, to which reference is more particularly made on page 93 of this report.

### **Smoke.**

The factory chimneys which are capable of seriously affecting the purity of the atmosphere in certain parts of the Borough have been periodically reported on to your Health Committee by the Chief Sanitary Inspector, after systematic observation by himself or his staff. In industrial towns like Aston Manor it seems inevitable that some nuisance should occasionally arise from this cause, particularly in those portions of the Borough where several large works exist in close proximity to one another.

During 1908 your Health Committee had under its consideration special reports from their Inspector regarding smoke nuisances, these reports being occasioned by a communication from several residents of Lichfield Road, between Aston Station and Gravelly Hill. Ultimately the Town Clerk wrote to the manufacturers concerned, and this seems to have resulted in some mitigation of the nuisance.



Your Inspector, in his report, states that the number of observations taken of factory chimneys during 1908 was 657, and that the number of chimneys found to emit dense black smoke for more than twelve minutes in the hour (the maximum allowed by your Health Committee) was 22. Notices were served in several of these cases, but no legal proceedings were instituted.

### **Systematic House-to-house Inspection.**

In addition to the inspections of properties incidental to the investigation of complaints on inquiries regarding cases of infectious disease notified to your Medical Officer of Health, and the inspection of courts and terraces, to which frequent visits are desirable, a systematic house-to-house inspection of a portion of the Borough is made each year. This duty is also imposed on an Inspector of Nuisances by the Local Government Board, and it has been the practice in Aston Manor for the Inspector to invite the co-operation of the Medical Officer of Health in selecting the streets to be inspected. The streets chosen for this purpose during 1908 were five in number, and were as follows :—Guildford Street, Lenox Street, Vicarage Road, Bright Street, and Gladstone Street.

The following is a copy of a table showing the number and class of houses inspected in these streets, with the nature of the closet accommodation connected therewith :—

STREET.	Houses inspected.			Houses found Void.	Water Supply.	Closet Accommodation of Houses.	
	Thro'.	Back to Back.	Total.			W.C's.	Privies.
Guildford Street ...	93	210	303	26	All houses had tap water.	167	33
Lenox Street ...	67	95	162	13		92	4
Vicarage Road ...	166	152	318	16		209	18
Bright Street ...	19	41	60	2		32	2
Gladstone Street ...	36	73	109	8		52	9
Totals ...	381	571	952	65		552	66

The table shows the closet accommodation at the time of inspection, but, as will be seen from the next table, formal notices requiring the substitution of water-closets for 17 of the 33 privies and middens were served, and your Inspector reports that in several other cases he recommended such substitution to be made. Fourteen privies and middens had been replaced, or were about to be replaced, by waterclosets, etc., at the end of the year, and in regard to several cases where he had recommended the provision of waterclosets, your Inspector had the owners' promises to carry out the work during the current year.

The following is a copy of a table showing the nuisances discovered during this systematic inspection, for the abatement of which notices were served, most of which your Inspector reports were abated or in hand at the end of the year :—

Nature of Nuisance.	Guldford Street.	Lenox Street.	Vicarage Road.	Bright Street.	Gladstone Street.	Total.
Obstructed, defective, untrapped or insufficient drains ...	4	2	4	—	1	11
Obstructed water-closets ...	5	—	4	—	—	9
Defective or dilapidated water-closets ...	7	6	15	5	5	38
Want of water supply to water-closets ...	—	—	—	—	—	—
Offensive interior water-closets ...	—	—	—	—	—	—
Want of receptacles for house refuse ...	—	1	—	—	—	1
Dilapidated ashpits ...	—	—	2	—	2	4
Offensive privy-middens to convert into water-closets ...	13	1	—	—	3	17
Dirty houses or parts thereof ...	8	1	21	2	8	40
Defective floors, ceilings and stairs	2	1	5	5	3	16
Defective sinks...	5	—	4	—	—	9
Obstructed, defective, or want of spouting ...	4	1	16	1	4	26
Defective roofs...	29	1	18	5	2	55
Defective rain-water cisterns ...	—	—	—	—	1	1
Dirty water-closets and wash-houses ...	19	4	4	3	—	30
Defective yard or entry paving ...	5	3	10	1	—	19
Keeping of animals ...	2	1	1	—	1	5
Other nuisances ...	3	—	3	4	2	12
TOTALS ...	106	22	107	26	32	293

In addition to this systematic house-to-house inspection for sanitary purposes, the Lady Health Visitor has during the year, on my recommendation, made systematic house-to-house visitations in the streets and courts. The primary object of this visitation, as explained in previous reports, is the promotion

of domestic sanitation, but any sanitary defects or other matters which she considers require investigation by the sanitary staff are noted by her in her reports to me, and after I have acquainted the Inspector of these matters they are investigated, and action taken to remedy any insanitary conditions.

### **Housing of the Working Classes Act, 1890.**

During the year under review seven houses were dealt with under the Housing of the Working Classes Act, 1890. They were seven back-to-back houses situated in Park Lane. The premises were originally a large workshop, but had for some years been converted into rooms, and used as dwellings. I visited the property in April last, in company with your Chief Sanitary Inspector, and at the following meeting of the Health Committee I made a representation in accordance with Section 30 of the Act that the dwelling-houses were in a condition so dangerous or injurious to health as to be unfit for human habitation.

The representation was in the following terms :—

I beg to make a representation to your Authority under Section 30 of the Housing of the Working Classes Act, 1890, that seven old houses, Nos. 1, 2, 3, 4, 5, 6 and 7 in 17 court, Park Lane in this Borough appear to be in a state so dangerous and injurious to health as to be unfit for human habitation. The premises were at one time a large workshop, but for many years have been divided into rooms and used as dwelling houses.

These seven houses were inspected by myself and the Chief Sanitary Inspector on April 15th, 1908. They stand back to back, and therefore are without through ventilation. In five cases the doors open into small, low, dark entries.

Each house consists of a living room, pantry, one bedroom, and a small "box room" at the top of the stairs. In each house, therefore, the one bedroom has practically to furnish the sleeping

accommodation for all the inmates of the houses whatever their age or sex. In one house the "box room" is used as a bedroom, but these "box rooms" are very small, their average cubic capacity being less than 400 cubic feet, and they contain no fireplace or other means of ventilation, and are, therefore, quite unsuitable for use as sleeping rooms.

The stairs are precipitous and dangerous, and have no banisters.

The pantries are small, dark, and unventilated. They contain small sinks, none of which have any water supply over them, and five out of seven are without means of drainage.

In many of the rooms the plastering is dilapidated and dangerous, and in the bedrooms the means of ventilation is insufficient.

The surface drainage is insufficient. Where the yard is paved the paving is very defective; a portion of the yard is not paved at all.

The water supply is insufficient, consisting of only one tap for the seven houses.

The matter was held over for a month in order to give the owner an opportunity which he desired of submitting proposals for certain alterations, and at the May meeting of the Committee I was able to report that your Inspector and myself had had an interview with the owner, who had submitted proposals which we considered satisfactory. Your Health Committee thereupon directed the service of a notice embodying these proposals. Subsequently, however, the owner decided to re-construct the houses entirely, and to convert the existing seven back-to-back houses into four larger "through" houses. This desirable improvement was effected, each house being provided with a separate water supply, in place of a supply previously used in common, and proper sanitary sinks and ventilated pantries were provided. The houses were improved in various other directions, and the drainage and paving relaid, and at



the December meeting of the Committee I was able to report that the houses had been rendered fit for habitation, and that your Medical Officer of Health and Chief Sanitary Inspector were satisfied with the manner in which the work had been carried out.

As to housing generally, much useful work has been accomplished during the year in the abatement of nuisances connected with dwelling-houses. One hundred and twelve houses, or parts thereof, have been cleansed by stripping and whitewashing; spouting has been unstopped or repaired, or leaking roofs made watertight in 259 cases, while damp conditions arising from other causes (want of damp courses, etc.) have been remedied in 22 instances.

#### **Dairies, Cowsheds, and Milkshops.**

There were 478 dairies and milkshops on the register at the close of the year. The Inspector, in his report, states that 159 visits were paid to them during 1908, and that in 47 instances he has required cleansing to be carried out under the regulations in force in the Borough. None of the milk consumed in Aston Manor is produced therein, there being no cowkeeper on the register, the Borough being quite dependent upon outside districts for its milk supply.

The taking of samples of milk, as of other foods, is carried out in Aston Manor by officers of the Warwickshire County Council.

#### **Overcrowding.**

Cases of overcrowding have not called for much attention during 1908. In ten instances reports have



been made to me by the Sanitary Staff as to the cubic contents and number of inmates of houses which appeared to be overcrowded, and in seven of these cases I authorised the service of preliminary notices to reduce the number of inmates.

I have mentioned in previous reports that a common cause of overcrowding is two or more families living in the same house, and as bearing out this statement it may be interesting to record that this was the case in no less than five of the seven houses dealt with during 1908. Overcrowding is essentially associated with conditions of poverty, and for this reason is sometimes a difficult matter to deal with. It is certain that in many cases the occupiers of overcrowded houses have not the means to pay the rent of larger premises, and a notice served on them to reduce the number of inmates in their house may result in their taking up residence with another family elsewhere under conditions even more undesirable than formerly. In dealing with cases of overcrowding, therefore, it is necessary to exercise considerable lenity, but I am pleased to say that overcrowding does not exist in this Borough to any marked degree.

#### **Common Lodging Houses.**

There are no common lodging houses registered in the Borough, nor any houses let in lodgings.

#### **Sewers and Treatment of Sewage.**

The sewage of Aston Manor, in common with that of the City of Birmingham, the Boroughs of Smethwick and Sutton Coldfield, the District Councils of Handsworth, Erdington, Perry Barr, and King's Norton, and the Rural District Council of Castle Bromwich, con-

tinues to be treated at the outfall works and farms of the Birmingham Tame and Rea District Drainage Board, a joint authority created for this purpose by the Local Government Board's Provisional Orders Confirmation (Joint Boards') Act, 1877, and the Acts and Orders amending the same.

I am indebted to your Surveyor, Mr. F. W. Richardson, for the following paragraphs :—

### **Sewerage and Drainage.**

“ The majority of the sewers and drains in the  
 “ district are of modern construction, viz. : earth-  
 “ enware pipes with cement joints, or brick  
 “ sewers. Generally speaking, the condition of  
 “ the sewers throughout the district is good ;  
 “ any defect which shows itself is at once  
 “ taken in hand, and remedied. A consider-  
 “ able part of the district is sewered on the com-  
 “ bined system, that is, both foul water and rain  
 “ water drain into one sewer. In the newer por-  
 “ tion of the district storm water sewers have  
 “ been provided (for carrying off rain water only)  
 “ into the Hockley Brook or the River Tame.  
 “ This has, in a very great measure, obviated the  
 “ serious floods which previously occurred in the  
 “ low-lying portions of the district. It would be  
 “ to the advantage generally of the district, and  
 “ particularly to the Drainage Board at the sew-  
 “ age farm, if the whole of the district were pro-  
 “ vided with storm water sewers, but as no  
 “ rebate is allowed in the Drainage Board precept  
 “ for the provision of such sewers, there is little  
 “ inducement to the Local Authority to provide

“ further storm water sewers except as a means  
 “ of preventing flooding. There are yet several  
 “ localities where improvements are much needed  
 “ in this respect—Aston Station, Chester Street,  
 “ and Newtown Row being the principal ones.  
 “ Several defects in the foul sewers have been dis-  
 “ covered during the year, owing to undermining  
 “ being done by rats. These have been put right  
 “ as soon as discovered; there are still, however,  
 “ several sewers which will shortly have to be  
 “ dealt with. The whole of the sewerage is treated  
 “ at the farm of the Birmingham Tame and Rea  
 “ Drainage Board at Castle Bromwich, the treat-  
 “ ment being known as the bacteria system.”

“ During the past year a great number of  
 “ improvements have been carried out at the farm,  
 “ particularly in the provision of filters for dealing  
 “ with the storm water overflow.”

### **Urinals.**

The question of urinals has had a very great deal of attention during the past year, particularly in the provision of up-to-date glazed ware urinals, with proper flushing apparatus. Six urinals have been provided during the year by the owners of licensed premises in the district, the Council having undertaken to do the whole of the necessary cleansing and maintenance of the lamp where the urinals have been provided, to the satisfaction of the Surveyor.

### **New Buildings.**

There has been for some years but little available space in Aston Manor for the erection of new houses or

other buildings, as will be seen from the subjoined table, kindly supplied me by the Borough Surveyor, Mr. F. W. Richardson, together with the following paragraph.

#### **House Accommodation for Working Classes.**

“ The provision of house accommodation for  
 “ the working classes has not been taken in hand  
 “ by the Local Authority, as it has been found  
 “ that sufficient accommodation is provided by  
 “ private enterprise. During the last three years  
 “ a few small houses of the working class type  
 “ have been erected in Aston Manor, provided  
 “ with an adequate amount of open space both at  
 “ the front and the rear, and every care has been  
 “ exercised to ensure the accommodation being as  
 “ adequate as is possible, and also to secure as  
 “ much open space to each house as can be ob-  
 “ tained. All houses are erected under the super-  
 “ vision of the Surveyor’s Department, and are  
 “ certified as complete and fit for habitation before  
 “ being allowed to be occupied.”

“ The minimum amount of air space which is  
 “ required to each house is 200 square feet at  
 “ the rear, with a minimum distance across of 15  
 “ feet from the back wall of the house. A space  
 “ in front is provided 40 feet across, so that no  
 “ back-to-back houses can now be erected. All  
 “ houses erected on the back of any land will have  
 “ a clear space in front at least 40 feet across,  
 “ free of any building whatever. This provides a  
 “ very necessary amount of open space, and  
 “ should tend to the good health of the district.”

YEAR.		New Houses for which plans have been approved.	Other Buildings.	New Houses completed and inspected.	Other Buildings.
1888	...	466	42	253	62
1889	...	481	113	512	109
1890	...	527	101	472	110
1891	...	469	63	370	64
1892	...	344	87	452	75
1893	...	396	45	322	45
1894	...	169	97	176	62
1895	...	357	92	213	61
1896	...	130	50	260	31
1897	...	175	106	87	58
1898	..	183	106	56	45
1899	...	95	125	58	29
1900	...	72	132	44	50
1901	...	112	87	69	51
1902	...	172	78	114	33
1903	...	10	100	73	43
1904	...	78	50	59	18
1905	...	66	80	59	29
1906	...	17	66	31	34
1907	...	13	80	22	44
1908	...	3	63	17	37



### **Offensive Trades.**

No complaint has been made regarding the offensive trades carried on in the Borough. These are few in number, and no action has been necessary regarding them.

### **Slaughterhouses.**

For some years past there have been 29 private slaughterhouses on the register, and none have been added for 33 years. The Chief Sanitary Inspector reports 326 visits to them in the course of the year, and that in seventeen instances written notices were served for nuisances or breaches of the byelaws connected with them. There is no public abattoir in the Borough, but the Birmingham Meat Market is available for the butchers in the district.

### **Unsound Food.**

In March last your Inspector requested me to examine a carcase of a cow which had been slaughtered at a registered slaughterhouse in the Borough, and to which the butcher concerned had drawn his attention. I visited the slaughterhouse accordingly, and found the organs and carcase to be badly affected with miliary tuberculosis. They were therefore seized, and submitted to a Justice of the Peace, who gave an order authorising their destruction, in accordance with which they were destroyed in your destructor in Chester Street.

In April last I examined another carcase similarly affected, which had been surrendered to the Inspector by the occupier of another registered slaughterhouse. This also, with the organs, was similarly destroyed after the usual order had been obtained from a magistrate.



**House Refuse Removal and Disposal.**

The removal and disposal of house refuse and of night-soil is undertaken free of charge by the Council, and is under the control of Mr. A. Treadaway, whose tabular report appears on page 132. All night-soil and house refuse is destroyed by burning, and has been so dealt with in Aston Manor for the last fifteen years. Ash-pits and middens are emptied on application, while dust bins and tubs are emptied periodically, some weekly and some fortnightly. The provision of bins or tubs, where houses have separate sanitary accommodation, is far preferable to the construction of ashpits, more cleanly, and frequent removal of refuse is thus secured, and it is satisfactory to note that wherever alterations in existing sanitary accommodation are taking place your Inspector urges the desirability of these receptacles.

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Factory and Workshop Act,  
1901.

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## **Factories and Workshops.**

### **Workshops.**

*“The Medical Officer of Health of every District Council shall in his Annual Report to them report specifically on the administration of this Act in workshops and workplaces, and he shall send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.”—(Sec. 132 Factory and Workshop Act, 1901.)*

The number of workshops and workplaces on the register at the end of 1908 was practically identical with the corresponding number for the previous year—being 203 as compared with 200 at the end of 1907. Of these, 67 were bakehouses.

It is the duty of persons occupying premises as workshops to give H.M. Inspector of Factories notice of their doing so within a month of commencing occupation. These notices are subsequently forwarded by him to the Council, which is responsible for the sanitary condition of workshops. It sometimes happens that knowledge of the workshops mentioned on such notices has already reached the Public Health Department in course of the routine work; in the remaining cases the workshops are visited, and the necessary particulars entered on the register. Fourteen such notices were received from H.M. Inspector of Factories during 1908.

The trades carried on are of a miscellaneous character, no particular industry being predominant. They are as follows :—

Bakers	...	...	...	...	...	67
Bootmaking and Repairing	...	...	...	...	...	5
Blacksmiths	...	...	...	...	...	6
Box and Bag Making	...	...	...	...	...	6
Cabinet Making	...	...	...	...	...	4
Carriage Builders	...	...	...	...	...	3
Cycle Making	...	...	...	...	...	3
Dressmaking, Millinery, etc.	...	...	...	...	...	38
Electro-plate	...	...	...	...	...	2
Gold Chain, Jewellery, etc.	...	...	...	...	...	5
Leather and Saddlery	...	...	...	...	...	4
Laundries	...	...	...	...	...	10
Pearl Button Making	...	...	...	...	...	8
Shirt and Hosiery Making	...	...	...	...	...	2
Tailoring	...	...	...	...	...	17
Miscellaneous Workshops	...	...	...	...	...	23
						<hr/> 203 <hr/>

The sanitary control of workshops lies with the Sanitary Authority; that of factories with H.M. Inspector of Factories. There is an exception as regards factories in places where Section 22 of the Public Health Acts Amendment Act, 1890, is in force; in such places the sanitary accommodation (urinals, closets, ashpits, etc.) of factories, as well as the general sanitary condition of workshops, is the responsibility of the Sanitary Authority. This enactment is in force in Aston Manor.

When any nuisance or sanitary defect in a workshop comes to the knowledge of H.M. Inspector of Factories, or any instance of insufficient or unsuitable sanitary accommodation in connection with a factory or a workshop, he notifies the Sanitary Authority, and the necessary action to secure the abatement of the nuisance or the

remedying of the conditions complained of is then taken. Four such references were received from the Factory Inspector during 1908. Two of them referred to dirty bakehouses, and two to insufficient or unsuitable sanitary accommodation. One of the bakehouses was cleansed; the other was under notice at the end of the year, the Factory Inspector's notification only being received a few days previously. As regards the two cases of insufficient or unsuitable sanitary accommodation, in one of them arrangements were made for the use of accommodation on adjoining premises, and in the other your Surveyor (the officer charged by Section 22 of the Public Health Acts Amendment Act, 1890, with its administration) was in correspondence with the owners at the end of the year.

The standard of sanitary accommodation adopted in the Borough is that laid down in the Secretary of State's Order of February 4th, 1903, viz. : one sanitary convenience for every 25 persons (with modifications where more than one hundred persons are employed), and with separate accommodation for the sexes where both sexes are employed.

In cases where women, young persons, or children are employed it is incumbent on the occupiers of workshops to keep affixed therein an abstract of the Factory and Workshop Act, 1901, in a form prescribed by that Act; and it is the duty of the Medical Officer of Health to notify H.M. Inspector of Factories of any breach of this enactment. It is gratifying to record that there was no case of this kind for me to report to the Factory Inspector during 1908.



The number of visits paid by your Chief Sanitary Inspector or his staff to workshops and workplaces during the year was 206. They were systematically inspected as usual during the year, in addition to casual visits. The following is a record of nuisances discovered and dealt with in connection with workshops and workplaces during 1908 :—

Dirty Workshops and Bakehouses	...	...	16
Offensive Drains or Waterclosets	...	...	6
Defective Roofs, Spouting, Floors, Ceilings, etc.			14
Other Miscellaneous Nuisances	...	...	19
			<hr/> 55 <hr/>

*Means of Escape from Fire.*—The portion of the Act relating to means of escape from fire is under the administration of Mr. A. Treadaway, the Superintendent of your Fire Brigade, who in his Annual Report states as follows :—

“ During the past year nine notices were served  
 “ on owners of factories for structural alterations,  
 “ and 62 inspections have been made by your  
 “ Inspectors to ascertain whether the exits provided  
 “ are maintained in good condition, and free from  
 “ obstruction.”

*Home Work.*—As explained in previous Reports, employers in certain trades are required to submit lists twice yearly of all persons employed by them as out- or home-workers. The classes of work in which this is necessary are prescribed from time to time by the Secretary of State, and are somewhat numerous, but as regards Aston Manor, only five of them are represented by the outworkers on the register, viz. :—(1) Making, re-

pairing, etc., of wearing apparel; (2) the carding of buttons, hooks and eyes, etc.; (3) the making of paper bags and boxes; (4) brushmaking; and (5) electro-plate.

Twenty-one of these lists of outworkers were received from employers whose places of business are situated in the Borough during 1908, containing the names and addresses of 427 outworkers. Of these, 254 resided outside the Borough, and their names and addresses were forwarded to the Medical Officers of Health of the districts in which they lived, viz. :—

	No. of Lists sent.	No. of Out- workers on list.
Birmingham ... ..	18	218
Erdington ... ..	2	5
Handsworth ... ..	7	30
Perry Barr ... ..	1	1
	28	254

I received from the Medical Officer of Health for Birmingham 65 lists, which contained the names and addresses of 181 outworkers resident in this Borough, but employed by firms whose places of business were in the City.

It is as well to again point out that the figures are much in excess of the actual number of outworkers, because lists containing their names are required to be sent in *twice* yearly, and because the name of one outworker often occurs on the lists of three or four different firms.

The number of visits paid to the homes of outworkers during the year was 315, and the following nuisances were discovered and dealt with :—

Dirty Houses or parts thereof ... ..	9
Defective Roofs ... ..	2
Choked or Defective Waterclosets ... ..	7
Other Nuisances ... ..	3

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There is very often considerable difficulty in dealing with these lists of outworkers. The incorrect and insufficient addresses occurring therein are numerous, and much time is taken up in tracing the outworkers in these cases or in corresponding with the employers in an endeavour to obtain the correct addresses. Employers are to blame for accepting addresses from their outworkers which are obviously insufficient, but this is only a minor cause of the difficulty. It is attributable in the main to the outworkers themselves giving incorrect addresses and failing to notify to the employers any change of address. Some legal obligation on the outworker to furnish the employer with his or her correct address, and to notify to him any change thereof would have a salutary effect, and would seem to be a necessary complement to the obligation the employers themselves are under to keep a record of the names and addresses of their outworkers, and to supply copies thereof to the Sanitary Authority.

*Unwholesome Premises.*—It has again been unnecessary in any case to prohibit home work being done on account of the unwholesome condition of premises, or on account of the prevalence of infectious disease therein.

*Underground Bakehouses.*—There are at present no underground bakehouses on the register. One was on the register for some years, which complied with all the requirements of the Council, but its use was discontinued during 1908.

*New Legislation.*—There has been no additional legislation relating to factories and workshops during the year, except a short Act which came into force on January 1st, 1908, and which extends the provision of the principal Act to “laundries carried on by way of trade or for purposes of gain, or carried on as auxiliary to another business, or incidentally to the purpose of any public institution, and to institutions carried on for charitable or reformatory purposes,” and which regulates “the hours of employment of women and young persons in laundries.”



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## Hospital Isolation.

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### Isolation Hospitals.

It may appear superfluous to again introduce the following information on the history of the growth of the Hospitals of Aston Manor, but it is of sufficient importance to again include in this Report, even though it involves recapitulation, as it illustrates the progress and marked improvements made from time to time for the prevention of infectious disease and carried out at great expense.

In 1883, during an epidemic of smallpox, a site of four acres was acquired for the isolation of both smallpox and scarlet fever in the country, within the Staffordshire boundary, and three miles from the Aston Manor Council House. Upon part of this site, in 1884, an administrative block was built, and two brick pavilions—one, of two wards for six adult patients each, the other a quarantine block of four small wards under one roof, for twelve adult patients—and formally opened in June, 1885. This Hospital was not completed until the epidemic of smallpox had nearly disappeared from Aston Manor, and therefore only a few cases of this disease were isolated there; and as the Hospital was not in use for some time, the Aston Local Board utilized it for the isolation of scarlet fever, and for this purpose it has been used ever since.

In 1885 an agreement was entered into for the isolation of smallpox and scarlet fever from the district of the Aston Rural Sanitary Authority for a term of twenty-one years, which agreement lapsed in the month of September during the year under review. Under this old agreement an additional site of one acre of land, together with the buildings of a small cottage Hospital for

isolation, situated on the opposite side of the road, but in Warwickshire, was leased to the Aston Local Board for the same period of years. The Aston Rural Authority was subsequently altered and divided into the Authorities of the Royal Borough of Sutton Coldfield, Erdington District Council, and the Castle Bromwich Sanitary Districts.

The provision of adequate accommodation for patients and staff, being of considerable moment for the efficient working of Infectious Disease Hospitals, I submit a short epitome of the extensions in accommodation, etc., made during epidemic periods since the opening in 1885.

In 1890, owing to the increase in scarlet fever a (third) Pavilion was added to accommodate 12 adult patients, allowing 2,000 cubic feet each, which was opened in January, and built under the supervision of the Surveyor, Mr. W. A. Davies, in fourteen days following Christmas Day, 1889, of wood, with brick foundations, and slated roof, and warmed by slow combustion stoves.

In 1892, two new lavatories and w.c.'s were built in connection with two of the smaller brick wards of the quarantine block, which was originally built without them.

In 1893, during an epidemic of smallpox in Aston Manor, a (fourth) Pavilion for 20 adult patients, allowing 2,000 feet each, was built on the one acre site held on lease from the Aston Rural Sanitary Authority. This Pavilion was erected of wood and corrugated iron, on a brick foundation, by Messrs. Rowell and Co., and was opened December, 1893.

In 1895, owing to another epidemic of scarlet fever, another (fifth) Pavilion was added for 12 adult patients, allowing 2,000 cubic feet each, with accommodation for nurses, built with double wooden walls with felt and shavings between, on brick foundations, with slate roof. This was erected on the plans of the Surveyor, Mr. H. Richardson, by Mr. G. Trentham, and was opened in October.

In November of the same year (1895), as this increased accommodation was overtaken by the admissions of scarlet fever patients, not only from Aston Manor, but from the large area from which the District Council was under agreement to admit cases, the adjacent iron pavilion, on the one acre site built for smallpox cases in 1893, was disinfected, re-varnished and re-furnished, and used as convalescent wards for scarlet fever, these wards remaining as scarlet fever wards ever since, and still forming part of your present Scarlet Fever Hospital.

During 1899, the enlargement of the administrative block, including the building of a dining hall, with additional accommodation for nurses, was completed.

In 1893, owing to the knowledge then recently acquired, that smallpox was liable to spread by aerial infection for a considerable distance, the Local Government Board refused to sanction a loan for the erecting of a Smallpox Department on this original site.

In 1897, a new site of five acres, situated one quarter of a mile from the Scarlet Fever Hospital, was procured, and a modern permanent Smallpox Hospital erected there, comprising an administrative block, a large pavilion of two wards, and a pavilion of two small wards, outbuildings, laundry, and steam disinfector, the whole being lighted by electricity. As it was considered advisable to place the two 27 horse-power gas engines and

generating station necessary for the electric lighting and pumping of sewage from the Smallpox Hospital site on the grounds of the Fever Hospital, the latter was at the same time installed with electric light, and a steam laundry erected there, the engines generating power for the lighting of both Hospitals, and for driving the new laundry machinery, pumping, etc.

At the same time a mortuary at the Fever Hospital was built, and a steam disinfecter, with pure and impure rooms, in the place of the old hot-air one.

In 1906, owing to another epidemic of scarlet fever, a (sixth) pavilion, to accommodate 20 adult patients, built of wood and corrugated iron, lined with felt, with sawdust between, was erected under the supervision of your Surveyor, Mr. G. H. Jack.

The wards and beds now allotted to Scarlet Fever and Smallpox, on their respective sites, allowing 2,000 cubic feet per adult, are as follow :—

1885	One pavilion of two wards for 6 adults each	... .. (brick)	12 beds
	One quarantine pavilion of 4 small wards...	... .. (brick)	12 „
1890	One pavilion of two wards for 6 adults each	... .. (wood)	12 „
1893	One pavilion of two wards for 10 adults each (on one acre site) ... ..	... .. (iron)	20 „
1895	One pavilion of two wards for 6 adults each (two nurses' bedrooms) ... ..	... .. (wood)	12 „
	Small old Cottage Hospital, on one acre site, now used as pure ward for two patients, nurses' bedroom and dis- charge room	... ..	2 „
1906	One pavilion of two wards for 10 adults each	... .. (iron)	20 „
	Allowing 2,000 cubic ft. per adult		<u>90 „</u>

*Smallpox Hospital (Five Acre Site).*

One pavilion of two wards for two adults each ... ..	4 beds
One pavilion of two wards for ten adults each ... ..	20 „
	<hr/>
Allowing 2,000 cubic ft. per adult	24 „
	<hr/>

Although scarlet fever continued to be epidemic in the Borough during 1908, there was a marked decrease in the number of cases notified compared with the two preceding epidemic years. During the first three quarters of the year the ward accommodation of the Hospital was by no means taxed, but during the fourth quarter there was a great influx of cases from the contributory districts, and for a short period all the wards were full. As I have under the heading of scarlet fever already remarked on the increased severity of the type of this disease, I need only add that the cases admitted from the outside districts shared in this severity, especially during the latter quarter of 1908. Of the 261 cases notified in the Borough, only 193 were isolated in the Scarlet Fever Hospital, which means only 74 per cent. of the notified cases were isolated, this being a lower percentage than that of the three previous years. Only two cases were refused admission, and this on account of their being complicated with other diseases, such as diphtheria and mumps, the inadvisability of introducing, knowingly, mixed infection being only too apparent.

In addition to the 193 cases admitted from Aston Manor, 168 cases were received for isolation and treatment from the outside contributory authorities, making a total of 361 cases admitted during the year under review. At the close of 1907 there were remaining in hospital 71 cases, therefore during 1908 there were 432 cases



under treatment. The bulk of the outside cases were admitted during the latter half of the year, and owing to the erection of the new pavilion, your Hospital was not very severely taxed, the patients (who were mostly children) having a minimum of 1,600 cubic feet per head, though the number of patients under treatment at one time reached the maximum of 116.

During the year 14 cases died in Hospital, 10 from Aston Manor, one died admitted from Castle Bromwich, one admitted from the Cottage Homes (Workhouse), and two from Erdington. One of the two Erdington deaths was a man admitted on December 17th, with a virulent type of the disease, and who was delirious, and died within two days of admission. The mortality rate calculated on the total number of cases in Hospital was 3·2, but the mortality rate on the number of cases admitted was 3·8 per cent. That scarlet fever both in Aston Manor and contributory districts became more malignant in type was evident from the increased mortality rate, this being particularly noticeable during the last quarter of 1908, when 9 of the 14 deaths in Hospital took place, and, as stated under the heading of scarlet fever, many of those who only just escaped death were severely ill with either the toxæmic effect of the disease or the increased frequency and severity of the complications which follow.

Very few return cases were recorded during the year, although owing to the greater number of cases in Hospital under treatment at one time, the pure ward was not utilized as much as formerly. I still consider much of the safety in the discharging of cases and the very small number of return cases are due to my continuing the practice of interviewing a parent or relation before discharging a case, advising them, as I have said in my Annual Report for 1907 :—

“ To send the child leaving the hospital away  
 “ for a month where there are no other children  
 “ or susceptible people, or to send away those  
 “ children who are at home and who have not had  
 “ the complaint for that period, thereby obtaining  
 “ a month’s quarantine outside hospital. This  
 “ the parents have in the majority of instances  
 “ carried out, and it has been very successful. Be-  
 “ fore a patient is discharged the case is exam-  
 “ ined by myself and the matron or head nurse  
 “ the day previous, and the following day careful  
 “ examinations and investigations are again gone  
 “ through by the discharge nurse in the set of cot-  
 “ tages set apart as discharge wards before they  
 “ are finally given up to their parents.

“ No clothing leaves the Hospital; the  
 “ parents of each patient supplying clothes on  
 “ their discharge.”

During the past year the Health Committee decided to purchase the one acre site, with small cottage hospital upon it (mentioned previously in this Report), and belonging to the Erdington District Council, to which decision the Town Council gave their sanction, the price to be settled by arbitration on behalf of the two authorities. Later the arbitrator, Mr. Richard Fowler, Surveyor, of Birmingham, made his award in reference to the sum to be paid by the Aston Corporation to the Erdington Council for the purchase of this land and premises at Upper Witton. The sum awarded as purchase price was £573 11s. 9d., and the Committee recommended that the Town Clerk be authorised to make application to the Local Government Board for sanction to the borrowing

of the sum of £600 to complete the purchase, which was also approved by the Town Council. When the site is acquired it is the intention of the Committee to drain it, and make many structural improvements. I regret to say at present your Scarlet Fever Hospital has no special discharge block, which is very necessary for the discharge of patients. A discharge block should consist of one undressing room, where patients ready to go home can leave their ward-infected clothes and pass on into another central bath room, bath and disinfect themselves, and then pass on to a dressing room, where they can dress in their pure clothes ready to go home. At present three of the cottages are utilized for this purpose.

It is regrettable to report that of the 261 cases notified in Aston Manor, 12 died. Out of these 12 deaths none occurred in infants under twelve months of age, six deaths occurred in children under five years of age, and six in children under ten years of age. The percentage of deaths to the notified cases during the past year was 4·6, which compares very unfavourably with that of 1907, when it was as low as 1·2 per cent., thus indicating that the type of the disease had grown more malignant, although the epidemic showed marked diminution.

The more virulent type of this disease was brought vividly before me at the Aston Manor Fever Hospital in the treatment of the 193 cases admitted from Aston Manor, and was also manifest in the 168 other cases admitted from the outside districts. The increased malignancy was particularly noticeable during the last quarter of the year, not only on account of the increase in the number of deaths, but in the virulence of the disease in the early stage (toxæmic condition), and the number of

sequelæ or complications following, many cases just escaping death to face a prolonged precarious illness and convalescence.

I have much pleasure in again recording the high appreciation I have of the work performed by the Matron, Miss Black, and the staff, who have, without exception, shown unremitting care and attention to the patients, which has materially helped to promote efficiency and smooth working of your Hospital.

At the close of 1908 there were 71 cases of scarlet fever remaining in hospital, and during 1908 there were 361 cases admitted, and 327 discharged, leaving 91 remaining under treatment at the end of the year.

The following is a statement of the total number of scarlet fever cases from Aston Manor and contributing districts admitted, discharged, or died at the Fever Hospital during the past six years, and the mortality per cent. on the admissions :—

SCARLET FEVER.

	1903	1904	1905	1906	1907	1908
Number in Hospital on 1st day of year ... ..	59	38	40	35	79	71
Admitted during year ...	335	220	178	311	339	361
Discharged... ..	346	208	177	262	341	327
Died ... ..	10	10	6	5	6	14
Remaining at end of year	38	40	35	79	71	91
Mortality on number admitted ... ..	3%	4%	3%	1·6%	1·7%	3·8%

TABLE OF ALL CASES ADMITTED INTO HOSPITALS.

Year.	Aston Manor.	Erdington.	Castle Bromwich.	Sutton.	Saltley.	Birmingham.	Handsworth.	Workhouse.	Others.	Total.
1885	9	1	—	—	—	—	—	—	—	10
1886	14	1	—	—	—	—	—	—	—	15
1887	22	—	—	6	—	—	—	—	—	28
1888	17	7	—	23	—	—	—	17	2	66
1889	76	7	—	8	16	23	—	20	2	152
1890	160	44	—	8	9	20	—	24	1	266
1891	124	13	—	65	17	—	—	3	2	224
1892	92	8	—	7	—	—	—	11	2	120
1893	194	20	—	3	—	—	—	1	2	220
1894	208	31	—	7	—	—	—	4	3	253
1895	227	52	11	25	—	—	—	10	2	327
1896	257	75	5	55	3	15	—	2	—	412
1897	176	27	—	27	—	—	—	3	1	234
1898	59	12	4	13	—	—	—	4	5	97
1899	53	4	1	10	—	—	—	—	2	70
1900	247	30	10	9	—	—	—	6	1	303
1901	165	21	6	65	—	20	—	4	4	285
1902	230	19	4	41	4	—	13	1	1	313
1903	279	28	14	31	—	—	12	23	1	388
1904	123	31	3	47	—	—	—	18	1	223
1905	128	21	—	19	—	—	—	11	1	180
1906	269	34	2	7	—	—	—	—	—	312
1907	277	35	2	24	—	—	—	1	—	339
1908	193	103	10	35	—	—	—	20	—	361
Totals...	3599	624	72	535	49	78	25	183	33	5198

This Table includes Smallpox and Scarlet Fever cases.



**Smallpox Hospital.**

No case of smallpox has been under treatment at your Smallpox Hospital during the past year.

The total number of cases treated in the new Smallpox Hospital since the first case was admitted there from Aston Manor on February 13th, 1902, is 73. The following table shows the number of patients and the districts from which they were admitted :—

	Aston Manor.	Erdington.	Workhouse.	Castle Bromwich.	Saltley.	TOTAL.
1902	7	3	—	—	4	14
1903	31	3	18	1	—	53
1904	3	—	—	—	—	3
1905	1	1	—	—	—	2
1906	1	—	—	—	—	1
1907	—	—	—	—	—	—

I have again to thank the Health Committee and the Council for the consideration I have always received, and all my fellow Officers for their kindness and assistance.

I remain, Mr. Mayor and Gentlemen,

Yours obediently,

FRANCIS H. MAY.





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**Report of the  
Lady Health Visitor.**

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**REPORT of the Lady Health Visitor to the Medical  
Officer of Health on Special Work done during  
1908, by Miss K. Walton.**

During the past year more primary visits have been made to the homes of the babies than in previous years. This is largely owing to the early notification required by the Notification of Births Act, which came into force in this Borough on February 8th, 1908, as there is now no probability of the mothers removing or being out when I visit, which is usually within a week if the notification is sent in by a midwife; and shortly after the mother is up, when a medical practitioner notifies the birth, if the Medical Officer of Health considers it a suitable home for visitation.

It is very difficult to gauge correctly the benefit to the mothers of these early visits. I impress most strongly and persistently on all of them the undoubted advantages that breast-feeding has over any other form of infant feeding. The economical standpoint appeals to some of them most forcibly, while to others the trouble in preparing the cow's milk, etc., and the necessity of getting up during the night to warm it, are the main factors in deciding them on the natural method of feeding their little ones. But I try to suggest to them that the primary reason for natural feeding should be the maternal desire to do the best possible for their offspring, also that when diarrhoea becomes prevalent in the hot weather, with its terribly devastating effect on bottle-fed infants, their own breast-fed children will in all probability escape.

There is a large increase in the number of babies entirely breast-fed at my first visit. This is naturally accounted for by the earlier visits to the homes, as there are very few mothers who are unable to breast-feed their infants for the first few weeks after birth.

One of the chief reasons for hand-feeding is, that a number of mothers who are only too anxious to avoid bottle-feeding their infants, are unable to do so, owing to the fact that shortly after they are up and have resumed their ordinary daily occupations, their breast milk gradually disappears, and this, in despite of every effort to retain it, by dieting, fresh air, etc. Other mothers are advised by their doctors to give up nursing their babies, either because their milk is of such poor quality as to be useless, and even harmful, to the infants, or because their own health is suffering too much from the strain involved.

Occasionally the reasons for refraining from natural feeding are less sound. For instance, one mother seriously objected to feed her child naturally because she had some new blouses which fastened down the back, and which were so pretty that she must wear them. I could not dissuade her from this position; but I am glad to say that such callous indifference to the infants' welfare is rare among the Aston Manor mothers.

There is one very pleasing feature to be noted this year; that is, how clean and comfortable the bedrooms are kept in the majority of the homes while the mother is in bed. Even in some of the quite poor homes an attempt is made to smarten things up. The planning and contriving that the mothers must do beforehand to prepare for these occasions is most commendable. Some of them tell me they put just a little money by every week for some months, so not only can they pay their doctors and midwives straightway, but are able to provide plenty of clean linen for themselves and the prospective baby.

When the home and bedroom are found in a not very clean condition, and there is a woeful scarcity of provision for the confinement, the invariable excuse

given is, that they did not expect to be confined for another two or three weeks, and they had intended getting sheets, etc., out of pawn for it, if it had not been a little premature. Of course in a number of genuine cases of dire poverty one can scarcely criticise this lack of preparation, when for months past every little trifle of money has had to be spent in rent and scanty food. That these mothers in their delicate health and poor circumstances make even the slight preparation they do, is to their credit.

Occasionally I find mothers getting up sooner than they should. These, as a rule, are the mothers of large families, who have been unable to pay for anyone to help in the house. In one instance, however, I found the mother downstairs cleaning her fire-grate. In this case there seemed no necessity, as she only had one other child, and there was a sister-in-law coming in daily to help. I warned her of the very serious risk she ran, and persuaded her to go back to bed, where she stayed, I was afterwards informed, until the proper time.

For some months now I have been calling the attention of the mothers to a section in the new Children's Act, which more especially affects the younger children. This section requires fireguards to be provided in the homes as a precaution against the appalling number of burning fatalities in this country. I warn them that after April 1st next, when this Act will come into force, they will run the risk of a heavy fine if any child of theirs should be burnt owing to their failure to provide the means of protection against such a contingency.

The number of re-visits made to the homes is also in excess of previous years. Sometimes it is necessary to make repeated visits to the same home, while to others



the second visit is all that is needed, the mother having willingly complied with any request made at the first visit. The mothers, however, who refuse point blank to do what one suggests are preferable to those who promise much and do nothing.

I am glad to say that there is not nearly so much "starchy" food given to the young babies as formerly. The use of cow's milk and water in conjunction with the breast milk for infants whose mothers have not quite enough of the latter is becoming more usual; they have learned that these two milks do not of necessity clash. Boiled bread, biscuits, etc., are still occasionally given, but not as a rule to such young infants. There are some mothers, however, who still place implicit trust in these "foods," and no amount of persuasion will make them discontinue their use.

The covering of the food-stuff is still far from what it should be. There is certainly an attempt in quite a large number of homes to partially do so, but it is inadequate. The food *may* be covered when it does eventually reach the pantry, but as it is allowed to stay uncovered on the living-room table, often for a very long time, the harm done by fly and dust contamination will have already happened.

Where condensed milk is used, either for the infants or for general use, I advise mothers to turn this milk out of the tin immediately on opening it, into a glass jar or other suitable vessel, and then put a cover over it. It is most unusual to find this done by the mothers until they have been told of it. Any other form of canned food would be turned out at once, but milk will be left sometimes nearly a week in an open tin, even in homes where the mothers are usually most careful and particular about such matters.

## VISITS TO HOMES OF CHILDREN WHO DIED FROM DIARRHŒA.

Breast-fed babies	...	...	...	...	3
Breast and hand-fed babies	...	...	...	6	} 76
Solely hand-fed babies	...	...	...	70	
No information <i>re</i> baby	...	...	...	...	1

Total ... .. 80

<i>How Fed—</i>	Under 1 Month.	1—2	2—3	3—4	4—5	5—6	6—12	Over 12 Months.	Total.
Breast only ... ..	...	...	2	...	1	...	...	...	3
Breast and cow's milk	...	1	1	...	...	...	2	...	4
Breast and Nestlé's milk	...	...	...	...	...	...	1	...	1
Breast and barley or rice water ... ..	1	...	...	...	...	...	...	...	1
Cow's milk and water only	...	3	3	6	5	1	3	2	23
Cow's milk and barley water	...	1	3	5	1	2	4	2	18
Cow's milk and biscuit	...	...	...	...	...	2	...	...	2
Cow's milk and patent foods	...	...	...	...	...	1	2	...	3
Cow's milk & ordinary food	...	...	...	...	...	...	10	...	10
Humanized cow's milk	...	...	...	...	1	...	...	...	1
Nestlé's condensed milk only	2	1	1	...	...	...	2	...	6
Nestlé's milk & barley water	...	...	...	1	1	...	1	...	3
Nestlé's milk & boiled bread	...	...	...	...	...	...	1	...	1
Nestlé's milk & ordinary food	...	...	...	...	...	...	1	...	1
Patent foods (no milk re- quired) ... ..	...	...	...	...	1	...	1	...	2
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Babies fed with—</i>									
Tube bottle ... ..	1	2	2	4	4	1	4	6	24
Tube and boat bottle	...	...	2	...	...	2	...	1	5
Boat bottle ... ..	1	4	4	8	5	1	13	1	37
Spoon... ..	1	...	...	...	...	2	1	6	10
	3	6	8	12	9	6	18	14	76
Breast fed ... ..	...	...	2	...	1	...	...	...	3
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	11	12	10	6	18	15	80
<i>Reasons for "hand-feeding"</i> <i>babies—</i>									
Gave up suckling by a doctor's order ... ..	...	...	...	2	2	2	3	1	10
Lost breast milk soon after getting up ... ..	2	4	5	9	6	3	10	3	42
Not sufficient breast milk	1	2	3	...	...	...	3	...	9
Weaned baby after six months ... ..	...	...	...	...	...	...	1	10	11
Weaned baby in order to go out to work ... ..	...	...	...	1	1	1	1	...	4
	3	6	8	12	9	6	18	14	76
Breast fed only ... ..	...	...	2	...	1	...	...	...	3
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	11	12	10	6	18	15	80

VISITS TO HOMES OF CHILDREN WHO DIED FROM DIARRHŒA—  
continued.

	Under 1 Month.	1—2	2—3	3—4	4—5	5—6	6—12	Over 12 Months.	Total.
<i>Milk or water used for babies—</i>									
Boiled ... ..	3	6	7	11	8	6	16	13	70
Sterilized ... ..	...	...	1	1	...	...	2	...	4
Humanized ... ..	...	...	...	...	1	...	...	...	1
Not boiled ... ..	...	...	...	...	...	...	...	1	1
Breast fed ... ..	3	6	8	12	9	6	18	14	76
No information (removed)	...	...	2	...	1	...	...	...	3
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Babies said by Mother to be—</i>									
Delicate baby ... ..	2	5	8	10	6	4	6	6	47
Healthy baby ... ..	1	1	2	2	4	2	12	8	32
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Where born—</i>									
Born in Aston Manor ...	3	5	8	11	9	4	15	12	67
Not born in Aston Manor ..	...	1	2	1	1	2	3	2	12
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Mother's Occupation—</i>									
Mother at home ... ..	2	6	9	9	8	5	17	14	70
Mother at work ... ..	1	...	1	3	2	1	1	...	9
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Condition of Home—</i>									
Very clean ... ..	...	...	2	2	2	...	4	3	13
Clean ... ..	...	4	6	5	3	...	6	3	27
Fairly clean ... ..	3	2	2	5	5	6	8	7	38
Dirty ... ..	...	...	...	...	...	...	...	1	1
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Remarks re Flies, made by Mothers—</i>									
A great many flies ... ..	...	5	5	8	5	4	9	8	44
Fair number of flies ... ..	3	1	5	4	5	2	9	6	35
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80
<i>Sanitary Accommodation—</i>									
W.C. ... ..	3	5	9	11	8	5	14	12	67
P.M. ... ..	...	1	1	1	2	1	4	2	12
No information (removed)	...	...	...	...	...	...	...	1	1
Total ... ..	3	6	10	12	10	6	18	15	80

*Visits made to the Homes of the Babies, 1897. Re-visits, 507. Total 1904.*

				<i>Irregu- Regu- larly. larly. Total.</i>				
Breast fed babies	...	...	1267	Babies fed by breast	25	1242	1267	
Breast and hand fed babies	...	...	45	Babies fed by breast and hand	...	3	42	45
Solely hand fed babies	...	...	85	Babies fed solely by hand	...	5	80	85
			130					
Total	...	...	1397	Total	...	33	1364	1397

*Babies fed by—*

				<i>Breast and hand. Solely hand. Total.</i>							
Mothers who are out at work	...	...	...	Breast.	1	...	3	...	4	...	8
Mothers who are "Homeworkers"	...	...	...	2	...	0	...	2	...	...	4
Mothers who are housewives	...	...	1264	...	42	...	79	...	...	...	1385
Total	...	...	1267	...	45	...	85	...	...	...	1397

*Babies fed with—*

Tube bottle	...	...	54	(1) <i>Improper feeding of Babies on—</i>			
Tube and boat bottle	...	...	10	Foods, biscuits, bread, etc...	...	10	
Boat bottle	...	...	47	(2) <i>Babies fed on condensed Milk, not by a Doctor's order</i>	...	18	
Spoon	...	...	19	(3) <i>Proper feeding of Babies on—</i>			
			130	Cows' milk and water, or by a Doctor's order	...	102	
Entirely breast fed babies	...	...	1267			130	
				(4) <i>Babies fed entirely on breast milk</i>	...	...	1267
Total	...	...	1397	Total	...	...	1397

*Babies sleep—*

With parents	...	...	1289	<i>Insurance of Babies—</i>			
Alone	...	...	108	Insured	...	...	307
				Not insured	...	...	1090
Total	...	...	1397	Total	...	...	1397

*Domestic Sanitation in 1897 Homes.*

<i>Milk for general use—</i>				<i>Houses kept—</i>			
Condensed in	...	...	406	Clean	...	...	958
Condensed & cow's milk in	...	...	301	Fairly clean	...	...	423
Cow's milk in	...	...	681	Not clean...	...	...	16
(Boiled, 874)	...	...	982				
No milk used in	...	...	9				
Total	...	...	1397	Total	...	...	1397

*Covering of food—*

Covered	...	...	848	<i>Disposal of vegetable refuse—</i>			
Uncovered	...	...	549	Burnt or given to fowl, etc.	...	...	1375
				Put in ashpit	...	...	22
Total	...	...	1397	Total	...	...	1397

*House-to-House Visits, 137. Special Visits, 19. Total 156.*



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# APPENDIX.

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## Tables.

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Local Government Board. TABLE I.—VITAL STATISTICS OF WHOLE DISTRICT DURING 1908 AND PREVIOUS YEARS.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				TOTAL DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NET DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number.	Rate.*	Under 1 Year of Age.		At all Ages.					Number.	Rate.*
				Number.	Rate per 1,000 Births registered	Number.	Rate.*					
1	2	3	4	5	6	7	8	9	10	11	12	13
1898	74,890	2,528	33·7	471	186	1,214	16·2				1,214	16·2
1899	75,730	2,521	33·2	489	194	1,240	16·3				1,240	16·3
1900	76,630	2,516	32·8	422	167	1,278	16·7			4	1,282	16·7
1901	77,560	2,419	31·1	465	192	1,229	15·8			52	1,281	16·7
1902	78,481	2,311	29·4	299	129	969	12·3			47	1,016	12·9
1903	79,417	2,282	28·7	362	159	1,031	12·9	No Public Institutions.		148	1,179	14·8
1904	80,363	2,336	29·1	428	183	1,136	14·1		No Public Institutions.	141	1,277	15·8
1905	81,320	2,129	26·1	307	144	986	12·1			166	1,152	14·1
1906	82,288	2,270	27·6	355	156	1,053	12·8			173	1,226	14·9
1907	83,266	2,128	25·5	260	122	935	11·2			218	1,153	13·8
Averages for years 1898-1907		2,344	29·7	385	163	1,107	14·0				1,202	15·2
1908	84,256	2,198	26·0	275	125	930	11·0			208	1,138	13·5

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water), 943. Total population at all ages, 77,316. Number of inhabited } At Census of 1901.  
houses, 16,129; Average number of persons per house, 4·78 ... ..

*Local Government Board.*TABLE II.—VITAL STATISTICS OF SEPARATE LOCALITIES IN  
1908 AND PREVIOUS YEARS.

YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	<i>a.</i>	<i>b.</i>	<i>c.</i>	<i>d.</i>
1898 ...	74,890	2,528	1,214	471
1899 ...	75,730	2,521	1,240	489
1900 ...	76,630	2,516	1,282	423
1901 ...	77,560	2,419	1,281	467
1902 ...	78,481	2,311	1,016	299
1903 ...	79,417	2,282	1,179	374
1904 ...	80,363	2,336	1,277	438
1905 ...	81,320	2,129	1,152	318
1906 ...	82,288	2,270	1,226	368
1907 ...	83,266	2,128	1,153	268
Averages of Years 1898 to 1907 ...)	—	2,344	1,202	391
1908 ...	84,256	2,198	1,138	289

*Local Government Board.*TABLE III.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING  
THE YEAR 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						
	At all Ages.	At Ages—Years.					
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards
Small-pox ...	—	—	—	—	—	—	—
Cholera ...	—	—	—	—	—	—	—
Diphtheria, including Membranous croup	78	2	26	32	13	5	—
Erysipelas ...	61	3	4	3	4	42	5
Scarlet fever ...	261	2	63	172	13	11	—
Typhus fever ...	—	—	—	—	—	—	—
Enteric fever ...	15	—	—	4	4	7	—
Relapsing fever ...	—	—	—	—	—	—	—
Continued fever...	—	—	—	—	—	—	—
Puerperal fever ...	7	—	—	—	2	5	—
Plague ...	—	—	—	—	—	—	—
Totals ...	422	7	93	211	36	70	5

*Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.*

CAUSES OF, AND AGES AT, DEATH DURING 1908 IN THE BOROUGH OF ASTON  
MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT.

No.	DISEASES.	AGES.														All Ages.
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—		
1	Small-pox :															
	(a) Vaccinated .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Unvaccinated .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) No Statement .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	Measles .. .		2	..	..	..	..	..	..	..	..	..	..	..	..	2
3	Scarlet Fever .. .		6	6	..	..	..	..	..	..	..	..	..	..	..	12
4	Typhus Fever .. .		..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Epidemic Influenza .. .		..	..	..	..	..	..	..	1	4	2	1	..	..	8
6	Whooping Cough .. .	15	32	5	1	..	..	..	..	..	..	..	..	..	..	52
7	Diphtheria .. .	1	5	5	1	..	..	..	..	..	..	..	..	..	..	12
8	Enteric Fever .. .	..	..	..	1	..	..	1	..	..	..	..	..	..	..	2
9	Asiatic Cholera .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
10	Diarrhœa, Dysentery .. .	30	5	..	..	..	..	..	1	..	..	..	..	..	..	36
11	Epidemic Enteritis .. .	35	10	..	..	..	..	..	..	..	..	..	..	..	..	45
12	Other Allied Diseases .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Hydrophobia .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Glanders .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Tetanus .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Anthrax .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Cowpox .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Syphilis .. .	3	..	..	..	..	..	..	..	..	..	..	..	..	..	3
19	Gonorrhœa .. .	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2
20	Phagedœna .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Erysipelas .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22	Puerperal Fever .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
23	Pyæmia .. .	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
24	Infective Endocarditis .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25	Other Allied Diseases .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Malarial Fever .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27	Rheumatic Fever .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28	Rheumatism of Heart .. .	..	..	1	..	..	..	1	..	..	..	..	..	..	..	2
29	Tuberculosis of Brain .. .	4	7	1	1	..	1	..	..	..	..	..	..	..	..	14
30	Tuberculosis of Larynx .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31	Phthisis .. .	1	..	..	2	6	14	25	28	14	6	5	1	..	..	102
32	Abdominal Tuberculosis .. .	2	1	..	..	..	..	1	..	1	..	..	..	..	..	5
33	General Tuberculosis .. .	2	1	..	1	..	1	..	..	..	..	1	..	..	..	6
34	Other forms Tuberculosis .. .	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2
35	Other Infective Diseases .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36	Thrush .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
37	Actinomycosis .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
38	Hydatid Diseases .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
39	Scurvy .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40	Other Diseases due to Altered Food .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
41	Acute Alcoholism .. .	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
42	Chronic Alcoholism .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
43	Chronic Industrial Poisonings .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44	Other Chronic Poisonings .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45	Osteo-arthritis .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
46	Gout .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
47	Cancer .. .	..	..	1	1	1	..	1	4	15	19	15	7	1	..	65
48	Diabetes Mellitus .. .	..	1	..	1	..	1	..	..	..	3	1	..	..	..	7
49	Purpura Hæmorrhagica .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50	Hæmophilia .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
51	Anæmia .. .	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
52	Lymphadenoma .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	Premature Birth .. .	39	..	..	..	..	..	..	..	..	..	..	..	..	..	39
54	Injury at Birth .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
55	Debility at Birth .. .	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4
56	Atelectasis .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
57	Congenital Defects .. .	10	..	..	..	..	..	..	..	..	..	..	..	..	..	10
58	Want of Breast Milk .. .	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2



*Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.—continued.*

CAUSES OF, AND AGES AT, DEATH DURING 1908 IN THE BOROUGH OF ASTON MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT—continued.

No.	DISEASES.	AGES.														All Ages.
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—		
59	Atrophy, Debility, Marasmus .. ..	45	5	..	..	..	..	..	..	..	..	..	..	..	49	
60	Dentition .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
61	Rickets .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	1	
62	Old Age, Senile Decay .. .	..	..	..	..	..	..	..	..	..	1	26	20	4	60	
63	Convulsions .. .	18	5	1	..	..	..	..	..	..	..	..	..	..	24	
64	Meningitis .. .	6	9	2	..	..	..	..	1	1	1	..	..	..	20	
65	Encephalitis .. .	..	..	..	..	..	..	..	..	..	1	1	..	..	1	
66	Apoplexy .. .	..	..	..	..	..	..	1	1	4	6	4	1	..	17	
67	Softening of Brain .. .	..	..	..	..	..	..	..	..	..	1	1	..	..	2	
68	Hemiplegia .. .	..	..	..	..	..	..	..	..	2	..	3	1	..	6	
69	General Paralysis of Insane .. .	..	..	..	..	..	..	2	1	1	1	..	..	..	5	
70	Other forms of Insanity .. .	..	..	..	..	..	..	..	..	..	1	1	3	..	5	
71	Chorea .. .	..	..	..	1	..	..	1	..	..	1	..	..	..	2	
72	Cerebral Tumour .. .	..	..	..	..	..	1	..	1	..	..	..	..	..	2	
73	Epilepsy .. .	..	..	..	..	1	..	1	3	1	2	..	..	..	8	
74	Laryngismus Stridulus .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
75	Locomotor Ataxy .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
76	Paraplegia .. .	..	..	..	..	1	..	..	..	..	..	1	2	..	4	
77	Other forms, Brain Diseases .. .	..	..	..	1	..	..	..	..	..	..	1	..	..	2	
78	Otitis .. .	..	..	..	..	..	1	1	..	..	..	..	..	..	2	
79	Disease of Nose, Epistaxis .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	1	
80	Diseases of Eye .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
81	Pericarditis .. .	..	..	1	..	..	..	..	..	..	..	..	..	..	1	
82	Endocarditis .. .	..	..	2	1	..	4	2	3	7	6	5	1	..	31	
83	Hypertrophy of Heart .. .	..	..	..	..	..	..	..	..	..	..	1	..	..	1	
84	Angina Pectoris .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
85	Aneurism .. .	..	..	..	..	..	..	1	..	..	..	1	..	..	2	
86	Senile Gangrene .. .	..	..	..	..	..	..	..	..	..	1	2	1	..	4	
87	Embolism, Thrombosis .. .	..	..	..	..	..	..	1	1	2	..	2	1	..	7	
88	Phlebitis .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
89	Varicose Veins .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
90	Other Diseases, Heart and Vessels ..	3	1	..	..	..	..	3	2	10	15	7	7	..	48	
90A	Cardiac Dilatation .. .	..	..	..	..	..	..	..	2	1	1	5	..	..	9	
90B	Cerebral Hemorrhage .. .	..	..	..	..	..	..	..	1	4	7	9	6	..	27	
90C	Fatty Degeneration of Heart .. .	..	..	..	..	..	..	..	..	1	1	2	1	..	5	
91	Laryngitis .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
92	Croup .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	1	
93	Other Diseases, Larynx and Trachea ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
94	Acute Bronchitis .. .	19	10	1	..	..	..	..	6	4	8	9	2	..	58	
95	Chronic Bronchitis .. .	..	..	..	..	..	..	..	..	..	12	21	6	..	39	
96	Lobar Pneumonia .. .	1	1	..	..	..	..	1	2	3	1	..	..	..	9	
97	Lobular Pneumonia .. .	17	16	..	..	..	..	2	2	4	1	3	2	..	45	
98	Pneumonia .. .	4	9	1	2	..	3	4	2	6	8	3	4	1	47	
99	Emphysema, Asthma .. .	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
100	Pleurisy .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	1	
101	Other Diseases, Respiratory System ..	..	..	..	..	..	..	..	..	1	2	1	..	..	5	
101A	Fibroid Phthisis .. .	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
102	Diseases of Mouth and Annexa .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
103	Diseases of Pharynx .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
104	Diseases of Oesophagus .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
105	Ulcer of Stomach and Duodenum .. .	..	..	..	..	..	..	4	1	1	..	..	..	..	6	
106	Other Diseases of Stomach .. .	1	..	..	..	..	1	..	1	..	1	..	..	1	6	
107	Enteritis .. .	18	2	..	1	..	..	..	1	..	1	2	1	..	24	
108	Appendicitis .. .	..	..	..	1	2	..	..	..	1	..	..	..	..	4	
109	Obstruction of Intestine .. .	2	1	..	1	..	..	..	1	..	4	3	..	..	12	
110	Other Diseases of Intestine .. .	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
111	Cirrhosis of Liver .. .	..	..	..	..	..	..	..	..	5	6	3	..	..	14	
112	Other Diseases of Liver .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
113	Peritonitis .. .	..	..	1	..	..	..	1	..	..	2	..	..	..	4	
114	Other Diseases, Digestive System .. .	..	..	..	..	..	..	1	..	..	..	..	..	..	1	
115	Diseases, Lymphatic System & Glands ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
116	Acute Nephritis .. .	2	..	1	..	1	..	1	2	..	1	..	..	..	8	
117	Bright's Disease .. .	..	..	..	..	..	..	2	2	3	7	2	5	..	21	
118	Calculus .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
119	Diseases of Bladder and Prostate .. .	..	..	..	..	..	..	..	..	..	..	2	..	..	2	



*Extended Schedule sanctioned by Local Government Board to replace the Government Table IV.—continued.*

CAUSES OF, AND AGES AT, DEATH DURING 1908 IN THE BOROUGH OF ASTON MANOR WHETHER OCCURRING IN OR BEYOND THE DISTRICT—*continued.*

No.	DISEASES.	AGES.														All Ages.
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—		
120	Other Diseases, Urinary System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
121	Diseases of Testis and Penis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
122	Diseases of Ovaries .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
123	Diseases of Uterus and Appendages ..	..	..	..	..	..	..	1	1	..	..	..	..	..	2	
124	Dis. of Vagina and External Genitals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
125	Diseases of Breast .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
126	Abortion, Miscarriage .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
127	Puerperal Mania .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	
128	Puerperal Convulsions .. ..	..	..	..	..	..	1	1	..	..	..	..	..	..	2	
129	Placenta Prævia, Flooding .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
130	Puerperal Thrombosis .. ..	..	..	..	..	..	..	2	..	..	..	..	..	..	2	
131	Other Dis., Pregnancy & Childbirth ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	
132	Arthritis, Ostitis, Periostitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
133	Other Diseases, Osseous System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
134	Ulcer, Bedsore .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
135	Eczema .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
136	Pemphigus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
137	Other Dis., Integumentary System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Accidents and Negligence—																
138	In Mines and Quarries .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
139	In Vehicular Traffic .. ..	..	..	..	..	..	1	..	..	1	..	..	..	..	2	
140	On Railways .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
141	On Ships, Boats, &c. (not drowning) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
142	In Building Operations .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
143	By Machinery .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	
144	By Weapons and Implements .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
145	Burns and Scalds .. ..	..	3	1	1	..	1	..	1	1	1	..	..	..	8	
146	Poisons, Poisonous Vapours .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
147	Surgical Narcosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
148	Effects of Electric Shock .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
149	Corrosions by Chemicals .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	
150	Drowning .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
151	Suffocation, Overlaid in Bed .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
152	Suffocation, Otherwise .. ..	..	3	1	..	..	..	..	..	..	..	..	..	..	4	
153	Falls not specified .. ..	..	..	..	..	..	..	..	1	..	..	4	..	..	5	
154	Weather Agencies .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
155	Otherwise, not stated .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	
156	Homicide .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Suicides—																
157	By Poison .. ..	..	..	..	..	..	..	..	..	1	1	..	..	..	2	
158	By Asphyxia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
159	By Hanging and Strangulation .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
160	By Drowning .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
161	By Shooting .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
162	By Cut or Stab .. ..	..	..	..	..	..	..	1	1	..	..	..	..	..	2	
163	By Precipitation from Elevated Places ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
164	By Crushing .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
165	By other and unspecified methods ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
166	Execution .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
167	Sudden Death, cause not ascertained ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
168	Ill-defined and unspecified causes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
TOTALS .. ..		289	139	30	18	12	30	63	76	103	132	148	89	9	1138	

## Local Government Board.

TABLE V.—INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes :																	
Certified ... ..	45	15	8	8	76	35	39	26	22	21	12	12	8	14	14	8	287
Uncertified ... ..	1	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	2
Common Infectious Diseases																	
Small-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria : Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Whooping Cough ... ..	...	...	...	1	1	1	2	...	2	1	...	1	2	3	2	...	15
Diarrhœal Diseases :																	
Diarrhœa, all forms ... ..	...	...	...	...	...	2	5	8	2	3	4	1	1	2	...	2	30
Enteritis(not Tuberculous) ... ..	...	...	1	...	1	6	6	6	4	7	3	1	...	...	...	...	34
Gastritis, Gastro-intestinal Catarrh } ... ..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Wasting Diseases :																	
Premature Birth ... ..	27	6	...	3	36	1	2	...	...	...	...	...	...	...	...	...	39
Congenital Defects ... ..	3	4	1	1	9	...	2	...	...	...	...	...	...	...	...	...	11
Injury at Birth... ..	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Want of Breast-milk ... ..	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Atrophy, Debility, Marasmus ) ... ..	10	3	4	1	18	9	6	2	2	3	2	1	1	...	3	...	47
Tuberculous Diseases :																	
Tuberculous Meningitis ... ..	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	1	4
" Peritonitis : ) ... ..	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2
Tabes Mesenterica } ... ..	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4
Other Tuberculous Diseases } ... ..	...	...	...	...	...	...	1	1	...	...	...	...	1	...	1	...	4
Erysipelas ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ... ..	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	3
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ) ... ..	...	...	...	...	...	...	2	...	...	...	...	1	...	1	1	1	6
Convulsions ... ..	4	1	...	2	7	4	1	1	1	...	1	1	...	2	...	...	18
Bronchitis ... ..	...	...	1	...	1	4	3	2	3	1	1	1	...	1	1	1	19
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ... ..	...	...	1	...	1	1	2	1	2	3	...	4	2	4	2	...	22
Suffocation, overlaying... ..	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	1	3
Other Causes ... ..	1	1	...	...	2	5	4	2	5	2	...	1	1	1	3	2	28
	46	15	8	8	77	35	39	26	22	21	12	13	8	14	14	8	289

Deaths from all Causes at all Ages ... .. 1,138

Population, estimated to middle of 1903 ... .. 84,256

**FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES, AND HOMEWORK.**

**1.—INSPECTION (INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES).**

PREMISES.	Number of		
	Inspec- tions.	Written Notices	Prose- cutions
Factories (including Factory Laundries) ... ..	38	4	—
Workshops (including Workshop Laundries) ... ..	203	55	—
Workplaces ... ..	3	—	—
Homeworkers' Premises ... ..	—	—	—
<b>TOTAL</b> ... ..	<b>244</b>	<b>59</b>	<b>—</b>

**2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.**

PARTICULARS.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—</i>				
Want of Cleanliness ... ..	5	6	—	—
Want of Ventilation ... ..	—	—	—	—
Overcrowding ... ..	—	—	—	—
Want of Drainage of Floors ... ..	—	—	—	—
Other Nuisances... ..	39	49	—	—
Sanitary Accommodation {	Insufficient ... ..	1	2	—
	Unsuitable or Defective	2	2	—
	Not Separate for Sexes	—	—	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal Occupation of Underground Bakehouse (s.101)	—	—	—	—
Breach of Special Sanitary Requirements for Bake-houses (ss. 97 to 100) ... ..	16	16	—	—
Failure as regards List of Outworkers (s. 107) ...	—	—	—	—
Giving out Work to be done {	Unwholesome (s. 108)	—	—	—
	in premises which are { Infected (s. 110) ...	—	—	—
Allowing Wearing Apparel to be made in Premises infected by Scarlet Fever or Smallpox (s. 109)...	—	—	—	—
Other Offences ... ..	—	—	—	—
TOTAL ... ..	63	75	—	—

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK—*continued.*

**3.—HOME WORK.**

*List of Outworkers (s. 107):—*

Nature of Work.	Lists received from Employers.				Numbers of Addresses of Out-workers received from other Councils.	Numbers of Addresses of Out-workers forwarded to other Councils.	Number of Inspections of Out-workers' premises.
	Twice in the year.		Once in the year.				
	Lists.	Out-workers	Lists.	Out-workers			
Wearing Apparel— Making, &c. ... ..	10	56	9	72	63	91	89
Carding, &c., of Buttons, &c. ... ..	2	299	—	—	93	163	206
Paper Bags and Boxes	—	—	—	—	8	—	7
Brush making ... ..	—	—	—	—	16	—	12
Electro-plate ... ..	—	—	—	—	1	—	1
Total ... ..	12	355	9	72	181	254	315

**4.—REGISTERED WORKSHOPS.**

Workshops on the Register (s. 131) at the end of the year:—							Number.
Important classes of work-shops, such as workshop-bake-houses, may be enumerated here.	Bakehouses ... ..	...	...	...	...	...	67
	Dress and Millinery ... ..	...	...	...	...	...	38
	Laundries ... ..	...	...	...	...	...	10
	Tailoring ... ..	...	...	...	...	...	17
	Others ... ..	...	...	...	...	...	71
Total Number of Workshops on Register ... ..							203

**5.—OTHER MATTERS.**

CLASS.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	4
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (s. 5)	3
Other ... ..	—
Underground Bakehouses (s. 101):—	
Certificates granted during the year ... ..	—
In use at the end of the year ... ..	—



## ASTON UNION.

## ASTON MANOR (SUB-REGISTRATION AND) VACCINATION DISTRICT.

RETURN FOR THE UNDERMENTIONED PERIODS RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED IN ASTON MANOR DURING THOSE PERIODS, VIZ. :

ASTON MANOR.	Births returned in the "Births List Sheets" as Registered.	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
From 1st July, 1896, to 30th June, 1897	(1)	2550	10	—	—	296	83	13	182	179
" " 1897, " 1898		2596	8	—	—	313	76	14	117	310
" " 1898, " 1899		2554	23	—	1	350	86	21	144	237
" " 1899, " 1900		2505	19	—	7	336	55	29	148	141
" " 1900, " 1901		2436	23	—	7	297	68	28	166	135
" " 1901, " 1902		2393	21	—	6	316	58	22	235	140
" " 1902, " 1903		2319	6	—	3	265	71	33	242	98
" " 1903, " 1904		2246	6	—	7	300	64	18	192	129
" " 1904, " 1905		2255	10	—	13	257	61	20	248	26
" " 1905, " 1906		2268	7	—	15	257	67	24	277	25
" " 1906, " 1907		2102	7	—	12	235	51	18	245	47
" " 1907, " 1908		2244	18	—	40	214	102	20	308	65

JOHN J. STEPHENS, Vaccination Officer.

## ASTON MANOR.

SUMMARY OF WORK DONE IN THE SANITARY DEPARTMENT DURING  
THE YEAR 1908.

					Inspections and Observa- tions made.	Formal Notices by Authority.	Nuisances abated after Notice.
Dwelling Houses and Schools	{	Foul Conditions ... ..	...	...	—	—	134
		Structural Defects ... ..	...	...	—	—	395
		Overcrowding ... ..	...	...	—	6	6
		Unfit for Habitation ... ..	...	...	—	—	7
		Lodging Houses ... ..	...	...	—	—	—
	{	Dairies and Milkshops ... ..	...	...	1595	47	47
		Cowsheds ... ..	...	...	—	—	—
		Bakehouses ... ..	...	...	469	—	49
		Slaughterhouses ... ..	...	...	326	15	17
		Canal Boats ... ..	...	...	—	—	—
		Ashpits and Privies ... ..	...	...	—	—	402
		Deposits of Refuse and Manure ... ..	...	...	—	—	31
		Water Closets ... ..	...	...	—	—	437
{		Defective Traps ... ..	...	...	—	—	280
	No Disconnection ... ..	...	...	—	—	77	
	Other Faults ... ..	...	...	—	—	461	
	Water Supply ... ..	...	...	—	—	—	
	Pigsties ... ..	...	...	—	—	—	
	Animals improperly kept ... ..	...	...	—	—	34	
	Offensive Trades ... ..	...	...	—	—	—	
	Smoke Nuisances ... ..	...	...	657	8	8	
	Other Nuisances ... ..	...	...	—	—	259	
	Inspections and Formal Notices other than those above specified, and not “enumerated separately as regards each defect” ... ..		...	...	5769	1236	—
TOTALS ... ..				8816	1312	2644	

Seizures of Unwholesome Food ... ..	No. 2	} Work done by County Council.
Samples of Food taken for Analysis ... ..	—	
Samples of Food found Adulterated ... ..	—	
Samples of Water taken for Analysis ... ..	—	
Samples of Water condemned as Unfit for Use ... ..	—	

NOTE.—Where an inspection or notice embraces more than one defect, it may be enumerated separately as regards each such defect.

PRECAUTIONS AGAINST INFECTIOUS DISEASE.				
Lots of Infected Bedding Stoved or Destroyed ... ..	387			
Houses Disinfected after Infectious Disease ... ..	359			
Schools Disinfected after Infectious Disease ... ..	3			
Prosecutions for not Notifying Existence of Infectious Disease ... ..	—			
Convictions for not Notifying Existence of Infectious Disease ... ..	—			
Prosecutions for Exposure of Infected Persons or Things... ..	—			
Convictions for Exposure of Infected Persons or Things... ..	—			



## SUMMARY OF THE WORK OF THE NIGHT-SOIL-DEPARTMENT AND OF DISINFECTION DURING 1908 AND PREVIOUS FIFTEEN YEARS.

Year.	DAY WORK. Dry Asphalts, Ash Tubs, and Refuse Tubs.				NIGHT WORK. Asphalts and Privies.		Total No. of tons consumed in destructors.	Total No. of Loads removed.	Gross Amount of Sales of Night-soil.	Disinfection of Bedding.	
	No. of emptyings of dry Asphalts.	No. of Loads removed from Ash Tubs.	No. of emptyings of Ash Tubs and Refuse Tubs.	No. of Loads removed from Ash Tubs.	No. of Middens emptied.	No. of Cart Loads removed.				No. of Lots of Bedding, etc., disinfected.	No. of Articles disinfected.
1908	25,970	12,036	39,359	1,852	4,316	4,107	19,395	17,995	—	657	7,722
*1907	27,467	12,254	37,185	1,814	6,047	6,076	20,988	19,222	—	665	8,170
1906	24,552	11,758	31,914	1,501	6,807	6,438	21,172	19,697	—	553	6,296
1905	22,496	11,993	24,155	1,112	9,771	9,596	22,427	22,701	—	350	4,950
1904	17,979	11,702	18,293	771	8,065	8,741	22,120	21,214	—	425	7,093
1903	13,800	10,964	15,781	703	7,521	8,676	20,943	20,469	—	461	6,553
1902	13,151	9,851	15,144	702	9,287	11,143	21,992	21,696	—	410	4,233
1901	10,689	9,814	14,694	653	9,876	12,708	18,921	23,175	44	382	3,522
1900	7,953	8,565	14,016	560	9,557	13,784	18,980	22,909	164	487	4,987
1899	7,755	7,711	9,097	331	9,984	14,033	15,352	22,075	138	471	5,251
1898	7,044	6,777	7,012	254	10,662	14,121	14,391	21,152	196	464	5,488
1897	6,801	6,887	7,378	275	11,154	14,968	15,251	22,130	269	682	8,307
1896	6,579	5,426	6,309	282	11,026	13,696	14,763	19,404	270	1,031	12,677
1895	5,531	5,670	6,472	317	10,940	14,704	12,760	20,691	310	532	8,323
1894	4,573	4,080	6,072	289	10,948	14,511	—	18,880	385	497	9,317

\* Total Tonnage collected, 1897—23,669; 1898—22,311; 1899—23,838; 1900—24,624; 1901—24,552; 1902—22,541; 1903—21,133; 1904—22,389; 1905—22,587; 1906—21,304; 1907—21,977; 1908—19,507. A. TREADAWAY, Superintendent.

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170  
6,296  
4,950  
7,093  
6,553  
4,233  
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